

Aesthetic Interest Questionnaire - Men

AESTHETIC INTEREST QUESTIONNAIRE

Patient Name: *: _____

Patient Last Name: *: _____

Date *: _____ dd / mm / yyyy

Date of birth *: _____ dd / mm / yyyy

Email address *: _____

Phone number *: _____

I would like to be advised on: *

- How I can look better for my age
- How I can change something that has been bothering me for years
- How I can look more attractive
- Other

If other:

What is the main reason for your visit today? *

Have you had a consultation or treatment for a cosmetic procedure before? *

- Yes No

If yes, have you had a consultation or treatment at VIVA Skin Clinics before?

- Yes No

If yes, for which treatment?

How often do you think about wanting a cosmetic procedure? *

- Most days Weekly Monthly

Which three statements best reflect how you would like to look and feel after the treatment? *

- | | |
|---|---|
| <input type="checkbox"/> I want to look less tired | <input type="checkbox"/> I want to look less angry |
| <input type="checkbox"/> I want to look less sad | <input type="checkbox"/> I want a less saggy appearance |
| <input type="checkbox"/> I want to look more youthful | <input type="checkbox"/> I want to look more attractive |
| <input type="checkbox"/> I want my face to look slimmer | <input type="checkbox"/> I want softer features |
| <input type="checkbox"/> I want to improve symmetry | <input type="checkbox"/> I want to look more feminine |
| <input type="checkbox"/> I want to look more masculine | |

Please circle the area(s) of interest:

How would you rate the quality of your skin? *

- Poor Fair Good Very Good Excellent

If you could enhance an aspect of your skin, what would you enhance? *



Hydration



Elasticity



Smoothness



Tone & Colour

These treatments/products interest me (please select all that apply): *

Skin injectables

Skin tightening

Microdermabrasion

Facial fillers

Face lifting

Fat reduction - chin

Eyelid correction

Scar revision

Hyperpigmentation correction

Hair regeneration

Body fat reduction

Skin products

Skin peels

Facials

Wrinkle relaxers

Ear correction

Nose surgery

Brow correction

Symmetry correction

Facial contouring

Excessive sweating

How did you hear about us? *

A referral from a friend

Social media

An online advert

Google or other search engine

RealSelf or Doctify

Other

Contact information *

I would like to receive information about new products/trends/our clinic

You are allowed to contact me for further questions concerning an appointment at your clinic

Signature: *