



Cahaba Dermatology
skin health center
Vlada Groysman, MD, FAAD

COSMETIC QUESTIONNAIRE

Name: _____ email: _____

LET US KNOW IF YOU'RE INTERESTED...

- | | |
|---|--|
| <input type="checkbox"/> Acne Blue Light | <input type="checkbox"/> Botox Cosmetic/Dysport Cosmetic |
| <input type="checkbox"/> Age Spots/Brown Spots Rosacea/ | <input type="checkbox"/> Fillers (Juvéderm, others) |
| <input type="checkbox"/> Broken Blood Vessels | <input type="checkbox"/> Spider Vein Treatment |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Latisse |
| <input type="checkbox"/> Photofacial/IPL Photodynamic | <input type="checkbox"/> Sunscreen Advice |
| <input type="checkbox"/> Laser Skin Rejuvenation | <input type="checkbox"/> Dermaplaning |
| <input type="checkbox"/> Laser Hair Removal | <input type="checkbox"/> Spa Services |
| <input type="checkbox"/> Skin Care Products | <input type="checkbox"/> Laser Tattoo Removal |
| <input type="checkbox"/> Excessive Sweating | <input type="checkbox"/> Other _____ |

WHAT WOULD YOU LIKE TO IMPROVE?

TELL US ABOUT YOUR SKINCARE REGIMEN...

AM Routine

Cleanser: _____

Prescription Products: _____

Facial Day Cream/Serum: _____

Sunscreen: _____

Other: _____

PM Routine

Cleanser: _____

Prescription Products: _____

Facial Night Cream/Serum: _____

Other: _____

How did you hear about our office: _____

Primary Care Physician: _____