



## Aesthetic Questionnaire

Our goal is to address our patients' needs and help you look and feel your best. In order to achieve the highest quality care, we encourage you to complete the following questionnaire.

**Patient Name**

**Age**

**Today's Date**

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**How did you hear about Apex Dermatology? address?**

**What is your email**

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**Circle Apex Dermatology Office:**

Mayfield Heights/ Solon / Concord / Parma / Hudson / Westlake / Medina

**What are your areas of concern? Please check all that apply:**

Fine lines and wrinkles  
volume in face

Sagging skin or loss of

Brown spots and uneven skin tone

Rosacea / Redness

Acne scarring

Dull looking skin

Stretch marks

Unwanted stubborn fat

**Treatments or products of interest to you. Please check all that apply:**

Skin Care Products

Skin Care Advice

Botox Cosmetic  
abrasion

Chemical Peels/Microderm-

Laser Rejuvenation

Volume for thin lips or flat cheeks

Eyelash length, fullness or thickness

Laser Hair Reduction

Non-surgical permanent fat reduction

Scar Reduction

Dermal Fillers (Restylane/Voluma/Juvederm) for adding volume to cheeks  
and smoothing out creases, naso-labial folds and marionette lines

**We offer complimentary skin care consultations with our Medical Aestheticians.  
Please see the front desk to schedule your appointment today.**