



**APEX SKIN**  
MEDICAL / SURGICAL / AESTHETIC

## 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**

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

**What is your email address?**

**Circle Apex Dermatology Office:**

Canton / Concord / Cuyahoga Falls / Hudson / Mayfield Heights / Medina / Solon / Westlake

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

- |   |   |
|---|---|
| <input type="checkbox"/> Fine lines and wrinkles          | <input type="checkbox"/> Sagging skin or loss of volume in face |
| <input type="checkbox"/> Brown spots and uneven skin tone | <input type="checkbox"/> Rosacea / Redness                      |
| <input type="checkbox"/> Acne scarring                    | <input type="checkbox"/> Dull looking skin                      |
| <input type="checkbox"/> Stretch marks                    | <input type="checkbox"/> Unwanted stubborn fat                  |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Skin Care Products   | <input type="checkbox"/> Skin Care Advice                    |
| <input type="checkbox"/> Botox Cosmetic   | <input type="checkbox"/> Chemical Peels/Microdermabrasion    |
| <input type="checkbox"/> Laser Rejuvenation   | <input type="checkbox"/> Volume for thin lips or flat cheeks |
| <input type="checkbox"/> Eyelash length, fullness or thickness  | <input type="checkbox"/> Laser Hair Reduction                |
| <input type="checkbox"/> Non-surgical permanent fat reduction   | <input type="checkbox"/> Scar Reduction                      |
| <input type="checkbox"/> 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 Aesthetic Nurses.  
Would like to be contacted to schedule your complimentary consultation**

**YES**       **NO**