Paige C. Holt, MD
Glori Traeder, CNP
Plastic Surgery & Aesthetics

COSMETIC INTEREST QUESTIONAIRE

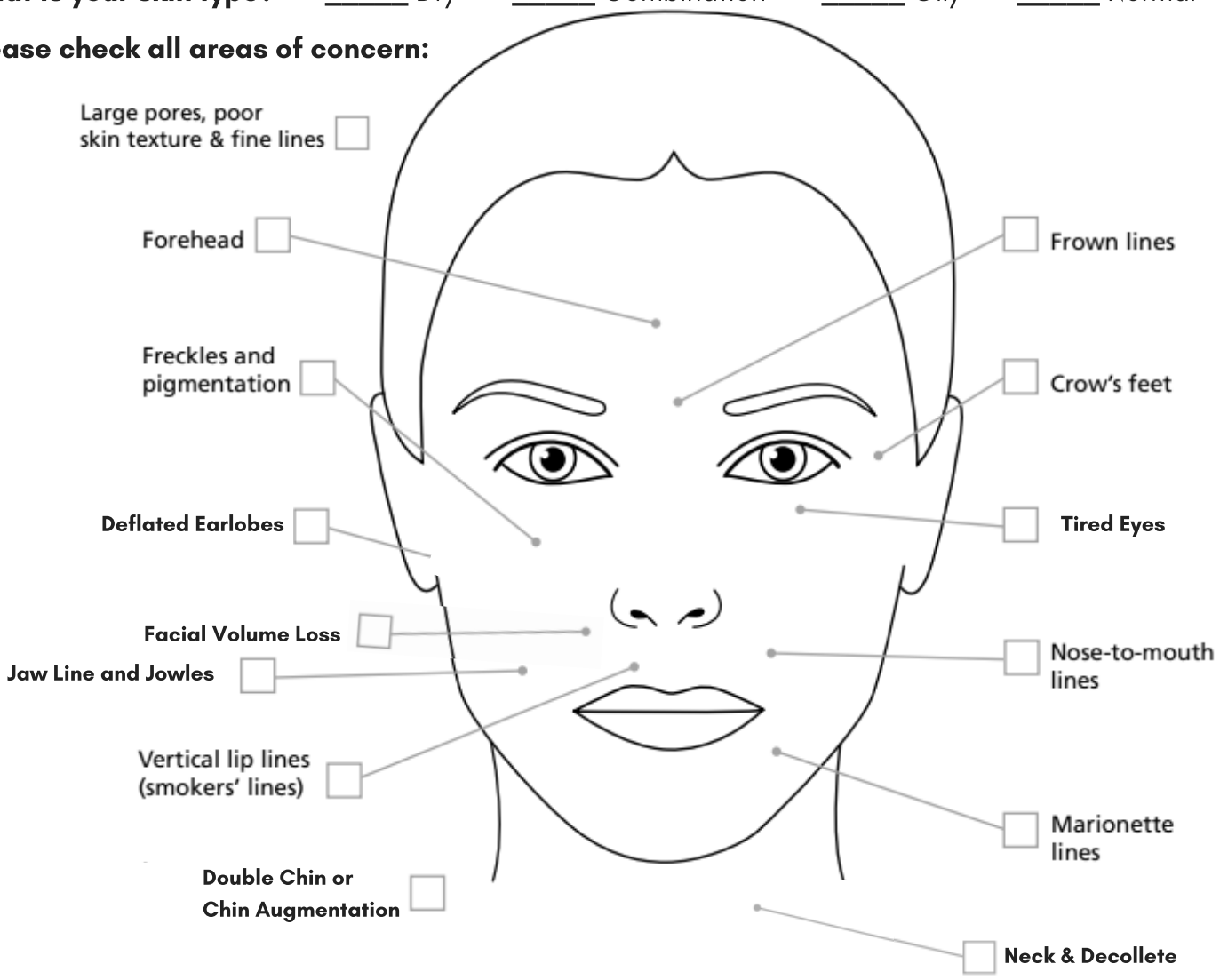
Name: Date Of Birth:	*What is your reason for today's visit?*

What concerns apply to you? Please check all that apply

☐ Skin Care Advice	☐ Uneven Skin Tone	☐ Longer/Fuller Eye Lashes	☐ Ageing Hands
☐ Fine or Deep Wrinkles	☐ Brown Spots	☐ Neck	☐ Stretch Marks
☐ Facial Redness	☐ Facial Drooping	☐ Double Chin	☐ Scaring
☐ Lines Around The Mouth	☐ Skin Laxity	☐ Jaw Line	☐ Body Contouring
☐ Gummy Smile	☐ Facial Volume Loss	☐ Earlobes	☐ Enlarged Pores
☐ Lip Lines or Thin Lips	☐ Acne	☐ Blackheads/Whiteheads	☐ Tired Looking

What is your skin type? _____ Dry _____ Combination _____ Oily _____ Normal

Please check all areas of concern:



Best phone number to reach you: Email:	Paige C. Holt, MD Glori Traeder, CNP Plastic Surgery & Aesthetics
Patient Signature:	Date: