



BELLAIRE DERMATOLOGY

Name: _____ Date: _____

Account # (for office use only) _____

Thank you for choosing Bellaire Dermatology for your skin care needs!

What is the main reason for today's visit?

Are there any specific questions you would like answered?

What additional services would you like to learn about? (Please circle all that apply.)

Skin care advice

Facial Veins

Double chin

Skin care products

Facial Redness

Spider/Varicose Veins

Fine lines and wrinkles

Brown spot/Freckles

Skin Laxity

Thin lips

Heavy Brow

Dark circle under eyes

Unwanted Fat

Jowls

Body Contouring

Chemical peels

Mole Removal

Unwanted Hair

Acne scars/Scar treatment

Neck Wrinkles

Acne

Cellulite

Sensitive skin

Frown Lines (11's)

Uneven Skin Coloration (Melasma)

What is your skincare regimen? _____

I would like to be contacted about upcoming specials, events or informational sessions. ____ YES ____ NO

EMAIL: _____ Cell Phone: _____

Payment Plan options are available for Allergan ONLY products/services. If interested, please apply here.

BECAUSE RESULTS MATTER



Name:

Age:

Date:

/ /

Please indicate any areas of concern for you.

Check all that apply.



☐ Forehead lines



☐ Frown lines



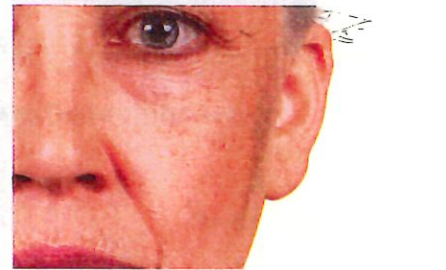
☐ Crow's feet lines



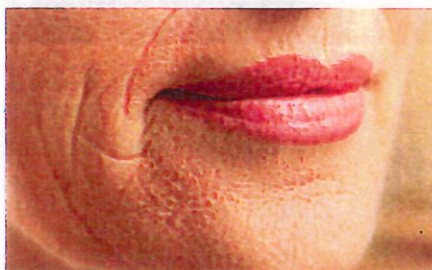
☐ Thinning or inadequate lashes



☐ Undereye area



☐ Flattened cheeks/sunken cheeks



☐ Lines and wrinkles around the nose and mouth



☐ Thin lips



☐ Lip appearance and texture



☐ Double chin



☐ Small chin/weak chin profile



☐ Skin texture and appearance

Please complete questionnaire on back side.

Aesthetic specialist: Use the next page to create the patient's treatment recommendations.