Richard Blanchar, M.D.

BAYVIEW GENERAL MEDICINE

Excellence in Aesthetics
4401 West Tradewinds Avenue • 3rd Floor • Lauderdale-by-the-Sea, FL 33308 • (954) 776-6992

Aesthetic Questionnaire

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You	nger Than	True Age		Older Than		
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2.)	What is your reason for visiting us today?			
3.)	Have you consulted any other physician(s)?			
4.)	What are you using for skincare? (Cleansers, exfoliators, moisturizers, lighteners, brush etc.)			
5.)	Do you use make-up? If so, please list the name(s) or brand(s) to the best of your ability:			
6.)	Have you ever had a chemical peel, facial, Laser, IPL, or any other skin treatment? Please specify (name/type/etc.)			
7.)	Do you have a personal history of skin cancer? Please specify (type/location/etc.)			
8.)	Do you have any metal implants or have a pace-maker? Please specify (type/location/etc.)			
9.)	Is having an aesthetic procedure your idea, or is someone else urging you to have it?			
10.	Do you understand the objective of any aesthetic procedure is improvement, not perfection?			
11.)What are your expectations and/or what would you like to see improved?			
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