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

Please check all procedures/topics that you may be interested in receiving information about:

( ) Juvederm® Ultra/Ultra Plus, Voluma XC
( ) Fraxel®/Fractional Laser Resurfacing
( ) Radiesse® Dermal Filler
( ) Skin Tightening
( ) Rosacea
( ) Acne, Acne Scars
( ) Chemical Peels
( ) Laser Revitalization
( ) Laser Treatments
( ) Restylane-L/Restylane Silk/Perlane-L
( ) Tattoo Removal/Blowout
( ) Sculptra Aesthetic® Dermal Filler
( ) Facial Veins
( ) Dry Skin
( ) Mole Removal
( ) Face Lift/Neck Lift
( ) Ear Lobe Restoration
( ) Skincare/Skincare Products
( ) Scars
( ) Birthmarks
( ) Liver Spots/Age Spots
( ) Cellulite
( ) Leg Veins
( ) HydraFacial MD®
( ) Hair Removal
( ) Spider Veins
( ) Botox® Cosmetic
( ) DYSPORT®
( ) Xeomin®
( ) BELOTERO Balance®
( ) Eczema/Atopic Dermatitis
( ) Skin Tag Removal
( ) Hand Rejuvenation
( ) Eye Treatments

Please answer the following on a scale of 1 to 5 by circling the appropriate number

When looking in the mirror:
I believe I look younger, the same as, or older than my true age.

Younger Than		*True Age*		*Older Than*
1	2	3	4	5

1.) How did you find out about us?
Please specify (name, website, ad, etc.):

____

www.DrBlanchar.com

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?**

____

Patient signature: _________________________________ Date: ____/_____/____
Print name: _______________________________________