

**Golden Corner Family Practice  
Weight Loss/Sculpsure/Aesthetic Questionnaire**

1. Are you interested in losing weight?            **YES**            **NO**

2. What methods have you tried? What level of success have you achieved?

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3. Do you exercise regularly?                    **YES**            **NO**

4. Have you ever considered body contouring for fat loss?            **YES**            **NO**

5. Do you have any interest in Aesthetic services?            **YES**            **NO**

6. Are you interested in skin care?            **YES**            **NO**

7. What is your current skin care regimen?

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8. Are you interested in any noninvasive methods to make your skin look younger?

**YES**            **NO**

9. Do you have any scars or pigmented areas that you would like treatments for? Where are they located? **YES**            **NO**

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10. Are you interested in permanent hair removal?            **YES**            **NO**



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