



Welcome to The Plastic Surgery Institute of San Francisco. Our goal is to respond to all of our patients' needs and to provide the highest quality patient care. In order to offer the information and services you desire regarding your health and appearance, we invite you to complete the following questionnaire:

Patient Name: _____ Date: _____

Date of Birth: _____ Sex: Male Female

Address: _____

Home Phone: _____ Mobile Phone: _____

E-Mail Address: _____

Approval to send or e-mail information: _____
Patient Signature

Health issues and procedures or products of interest to you (please check all that apply):

- BOTOX Cosmetic™ (Botulinum Toxin Type A)
- Juvederm Injectable Filler
- Latisse Eyelash Growth Product
- Skin Care Advice
- Facial Treatments
- Skin Care Products
- Micro-Dermabrasion
- Cosmetic Surgery
- Other, please specify _____

Select the type of skin you believe you have:

- 1. Dry (dry all over, tight, easily irritated, sun-damaged, loss of softness, normal in the t-zone)
- 2. Normal (normal in the t-zone, normal on the sides of the face)
- 3. Oily (oily in the t-zone, normal to oily on the sides of the face, prone to breakouts)
- 4. Blemished (oily all over with frequent problematic breakouts)

Select specific concerns regarding your skin/appearance (check all that apply):

- Fine Lines/Wrinkles
- Dark Circles
- Puffy Eyes
- Blotchiness/Discoloration
- Dark Spots/Hyperpigmentation
- Rosacea
- Shiny Areas
- Dry Skin/Dry Patches
- Acne
- Dry Lips
- Eyelashes

