

Cosmetic Questionnaire

1. Which of the following cosmetic procedures have you had?
Please check all that apply.

Fillers

Juvederm
Restylane
Radiesse
Voluma
Belotero

Non-invasive Devices

Cool Sculpting
Pelleve
Exilis
Vanquish

Surgical

Liposuction
Facelift
Tummy Tuck
Blepharoplasty
Sclerotherapy for leg veins

Botulinum Toxin

Botox
Xeomin
Dysport

Lasers

CO2 Resurfacing
IPL/BBL/Photofacial for age spots
Laser hair removal

2. What has been your experience? *Please check all that apply.*

Happy with results
Mixed results
Unhappy with results

Please elaborate:

3. Which of the following procedures would interest you if Dr. Hodari brought them to his practice?

Please check all that apply.

Liposuction

Lasers to address loose skin, fine lines, and wrinkles

Lasers to address redness and brown spots

Cool Sculpting (non-invasive fat reduction device)

Deep chemical peels to address fine lines and pigment irregularities

Fun Facts

1. Where were you born? _____

2. In what city did you grow up? _____

3. Favorite color? _____

4. Favorite outdoor activity? _____

5. What inspires you? i.e. where do you draw your inspiration?

6. What's the most exciting activity you have planned in the next 12 months?

Name: _____