



DR. HAPPE

medical aesthetics

Medical Aesthetics Questionnaire

Patient Name:	Date:
What are your top 3 aesthetic concerns? 	

Other than the products/services that you are familiar with and/or have previously received, what would you like to learn more about?

Products/Procedures:	Uses/Areas:	
<input type="checkbox"/> BOTOX Cosmetic (onabotulinumtoxinA) <input type="checkbox"/> JUVÉDERM-series injectable gel fillers <input type="checkbox"/> SCULPTRA dermal filler (injectable poly-L-lactic acid) <input type="checkbox"/> BELLAFILL (collagen-based) dermal filler <input type="checkbox"/> KYBELLA® (deoxycholic acid) injection 10 mg/mL <input type="checkbox"/> LATISSE® (bimatoprost ophthalmic solution) 0.03% <input type="checkbox"/> Skin care products such as ENVIRON, SKINMEDICA, etc. <input type="checkbox"/> Microneedling <input type="checkbox"/> Collagen induction therapy <input type="checkbox"/> Platelet-rich plasma (PRP) injections	<input type="checkbox"/> Facial fine lines/wrinkles <input type="checkbox"/> Crow's feet area <input type="checkbox"/> Frown lines area <input type="checkbox"/> Length/fullness of eyelashes <input type="checkbox"/> Submental fullness (double chin) <input type="checkbox"/> Jaw-line contouring <input type="checkbox"/> Facial fullness <input type="checkbox"/> Facial drooping/sagging <input type="checkbox"/> Age-related loss of cheek volume <input type="checkbox"/> Lip fullness <input type="checkbox"/> Dark circles under eyes	<input type="checkbox"/> Chemical peels <input type="checkbox"/> Facial veins <input type="checkbox"/> Facial redness <input type="checkbox"/> Brown spots/age spots/freckles <input type="checkbox"/> Drooping brow <input type="checkbox"/> Blotchy skin <input type="checkbox"/> Bra fat <input type="checkbox"/> Abdominal area <input type="checkbox"/> Hips <input type="checkbox"/> Legs <input type="checkbox"/> Facial contouring <input type="checkbox"/> Body contouring <input type="checkbox"/> Other:

Please answer the following questions on a scale of 1 to 5 by checking the appropriate number.

When looking at my face, I believe I look younger, the same as, or older than my true age.

Younger

Same

Older

 1

 2

 3

 4

 5

When looking in the mirror, I am satisfied, somewhat dissatisfied, or very dissatisfied with my appearance.

*Satisfied
Dissatisfied*

Somewhat Dissatisfied

Very

 1

 2



 3



 4

 5

How did you hear about us?

<input type="checkbox"/> My physician (name):
<input type="checkbox"/> Ad (TV, magazine, online):
<input type="checkbox"/> A friend or family member (name):
<input type="checkbox"/> Internet/social media:
<input type="checkbox"/> Dr. Happe physician/practice website:
<input type="checkbox"/> Other:

	<input type="checkbox"/> Approval to contact you
	<input type="checkbox"/> Approval to send you information on products and services (including special offers)

	<input type="checkbox"/> Best phone number to reach you:
	<input type="checkbox"/> Email address:

I'm not interested in any additional services at this time.