

PRESTON DERMATOLOGY COSMETIC INTEREST FORM



Patient Information:

Name: _____

Date of Birth: _____ Phone: _____

Email: _____

Preferred Method of Contact: Phone Email Text

Areas of Interest (check all that apply):

- Botox / Xeomin / Dysport (Wrinkle Relaxers)
- Microneedling / RF Microneedling
- Chemical Peels
- Laser Treatments (Hair Removal, Resurfacing, Redness, etc.)
- PRP (Platelet-Rich Plasma)
- Skin Tightening
- Body Contouring / Fat Reduction
- Medical-Grade Skincare
- Acne / Acne Scarring Treatments
- Rosacea or Pigmentation Correction
- Other: _____

What are your primary skin concerns?

- Fine Lines / Wrinkles
- Volume Loss
- Acne / Breakouts
- Acne Scars
- Redness / Rosacea
- Sun Damage / Age Spots
- Large Pores / Texture
- Uneven Skin Tone / Melasma
- Sagging Skin
- Other: _____

Have you ever had cosmetic treatments before?

- Yes No

If yes, please list treatments and approximate dates: _____

Are you currently using any of the following (check all that apply):

- Retinol / Retinoids
- Accutane (Isotretinoin)
- Antibiotics for skin
- Birth control (for acne treatment)
- None of the above

Do you have any upcoming special events?

- Yes No

If yes, please specify date(s): _____

Would you like a complimentary cosmetic consultation with one of our providers?

- Yes No

Signature: _____ Date: _____