AQUA
MEDICAL SPA

TOLL FREE: 877-231-3376

www.AquaMedicalSpa.com

COSMETIC QUESTIONNAIRE

Patient Name: _____ **Date of Birth:** _____

Have you ever had BOTOX® or cosmetic injectable treatments? Yes / No

If yes, what did you have? _____ When? _____

If no, are you interested in learning more about BOTOX® and cosmetic injectable treatments? Yes / No

Do you currently have a skin care regimen? Yes / No

If yes, what are you using? _____

Are you receiving the improvement you hoped for from your skin care regimen? Yes / No

Would you like to receive a complimentary skin care consultation with our medical spa aesthetician? Yes / No

May we contact you by e-mail or phone regarding special offers and events at our medical spa? Yes/No

If yes, please provide your:

E-mail address: _____

Telephone number: _____