

THE STELLA CENTER
 509 Olive Way, Suite 1430
 Seattle, WA 98101

COSMETIC INTEREST QUESTIONNAIRE

Health issues of interest to you (Please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Treatment of Wrinkles and Lines (Forehead, Eyes, or Mouth, etc.) | <input type="checkbox"/> BOTOX Cosmetic |
| <input type="checkbox"/> Restylane Treatment | <input type="checkbox"/> Skincare Products |
| <input type="checkbox"/> Eyelid Lift | <input type="checkbox"/> Eyebrow Lift |
| <input type="checkbox"/> Facelift or Mini-facelift | <input type="checkbox"/> Improvement of Neck Laxity |
| <input type="checkbox"/> Lip Enhancement/ Augmentation | <input type="checkbox"/> Improvement of Scars |
| <input type="checkbox"/> Nasal Reshaping | <input type="checkbox"/> Collagen Treatment |
| <input type="checkbox"/> Chin or Cheek Implants | <input type="checkbox"/> Hylaform and Captique |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Hair Removal |
| <input type="checkbox"/> Laser Resurfacing | <input type="checkbox"/> Removing Facial Veins |
| <input type="checkbox"/> Laser Treatments | <input type="checkbox"/> Skin Rejuvenation |
| <input type="checkbox"/> Other, please specify: | |

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number:

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

Younger Than	True Age	Older Than	
1	2	3	4 5

- When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

Not Concerned	Somewhat Concerned	Very Concerned	
1	2	3	4 5

- May we contact you regarding upcoming promotional seminars, “new” products/services/procedures?

Regular mail: Y or N
 E-mail: Y or N
 Preference: Regular Mail or E-mail