

**Umansky Plastic Surgery & U Laser Med Spa**

## Cosmetic Questionnaire

*Our goal is to address our patients' needs and help you look and feel your best. In order to achieve the highest quality care, we encourage you to complete the following questionnaire.*

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Today's Date: \_\_\_\_\_

\_\_\_\_\_ William Umansky, M.D.

\_\_\_\_\_ Jeffrey Umansky, M.D.

**What are your areas of concern?** Please check all that apply

### ***Face***

- |                                                 |                                                          |
|-------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Brow droopiness        | <input type="checkbox"/> Lip shape                       |
| <input type="checkbox"/> Deep lines / wrinkles  | <input type="checkbox"/> Loss of fullness in cheeks      |
| <input type="checkbox"/> Eyelid puffiness       | <input type="checkbox"/> Neck area                       |
| <input type="checkbox"/> Excess skin above eyes | <input type="checkbox"/> Nose size/shape                 |
| <input type="checkbox"/> Jowls                  | <input type="checkbox"/> Skin tone / texture (CO2 Laser) |

### ***Body***

- |                                       |                                              |
|---------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Abdomen      | <input type="checkbox"/> Chest/ Gynecomastia |
| <input type="checkbox"/> Arms         | <input type="checkbox"/> Loose skin          |
| <input type="checkbox"/> Breast shape | <input type="checkbox"/> Stretch marks       |
| <input type="checkbox"/> Breast size  | <input type="checkbox"/> Thighs              |
| <input type="checkbox"/> Cellulite    | <input type="checkbox"/> Vaginal Laxity      |

### ***Non-surgical procedures or products of interest to you***

- |                                                                                    |                                                                                                           |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Botox – Fine Lines & Wrinkles                             | <input type="checkbox"/> Laser Skin Rejuvenation                                                          |
| <input type="checkbox"/> Chemical Peels                                            | <input type="checkbox"/> Laser Tattoo Removal                                                             |
| <input type="checkbox"/> CoolSculpting - Fat Reduction                             | <input type="checkbox"/> MicroNeedling – Skin Pen                                                         |
| <input type="checkbox"/> Dermal Fillers (Juvederm, Volbella, Voluma, Restylane)    | <input type="checkbox"/> Pelleve – skin tightening (radio frequency)                                      |
| <input type="checkbox"/> Diamond Glow (3-in-1) Exfoliate, Extract, Serum Infusion) | <input type="checkbox"/> Vein treatments (Laser & Sclerotherapy)                                          |
| <input type="checkbox"/> Facials                                                   | <input type="checkbox"/> VIVEVE – women's intimate health (laxity, urinary incontinence, sexual function) |
| <input type="checkbox"/> IPL (brown spots)                                         |                                                                                                           |
| <input type="checkbox"/> Laser Hair Removal                                        |                                                                                                           |
| <input type="checkbox"/> Laser Scar Treatment                                      |                                                                                                           |

Other, please specify: \_\_\_\_\_

Are you a member of Brilliant Distinctions rewards program? \_\_\_\_\_ Yes \_\_\_\_\_ No, Sign me up!