Medical Associates of The Palm Beaches

Dr. Daniela Capota & Dr. Valentina Gherghina

Aesthetic Medicine Questionnaire

Patient Name (Last, First) _____

Date of Birth _____

Condition	Y/N	Comments
Forehead Wrinkles		
Frown Lines		
Crow's Feet		
Smile Lines		
Thin Lips		
Fine Lines Around Lips		
Hollow Cheeks		
Hyperpigmentation/Sun Spots		
Facial Redness/Flushing		
Large Pores/Rough Texture		
Dull and/or Dry Skin		
Other		

Procedures	Y/N	Comments
Fillers (Restylane/Perlane)		
Relaxers (Dysport/Botox)		