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RAD Cosmetic Questionnaire

Name: _____ Date: _____

Email _____

Phone: _____ Alt. Phone: _____

How did you hear about us? _____

Approval to contact you by ___ Phone ___ Email

Additional services - like to learn about:

- ___ Skin Care Advice
___ Skin Care Products
___ Facial Fine Lines/Wrinkles
___ Scar Dimishment
___ Length/Fullness/Darkness of Eyelashes
___ Blotchy Skin
___ Chemical peel
___ Facial Redness
___ Brown Spots/Age Spots/Freckles

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

In the mirror I look older, younger or my same age?

Table with 3 columns: Younger, Same age, Older and 5 rows of numbers 1-5.

In the mirror, my concern over my wrinkles is:

Table with 3 columns: Not Concerned, Somewhat Concerned, Really Concerned and 5 rows of numbers 1-5.

In the mirror, my concern over the length thickness or darkness of my eyelashes is:

Table with 3 columns: Not Concerned, Somewhat Concerned, Really Concerned and 5 rows of numbers 1-5.

For Staff Use Only:

Follow up ___ Date ___/___/___

Completed by: _____

Initial Inquiry/Info Given ___/___/___

Contact date in future ___/___/___

Products _____

Free consultation ___

Treatment Scheduled ___/___/___

Treatment Completed ___/___/___