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Patient Name: _____ Date: _____

Cosmetic Interest Questionnaire

Please check any which interest you.

- Botox Fillers Mole/ Birthmark Removal Skin Care
- Facelift Rhinoplasty Blepharoplasty Breast Augmentation
- Breast Lift Breast Reduction Breast Implant Revision Arm Lift Thigh Lift
- Breast Reconstruction Abdominoplasty Liposuction Body Sculpting
- Body Lift Brazilian Butt Lift Butt Dream Lift
- Buttock Implants

Other: _____

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

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

<i>Younger Than</i>		<i>True Age</i>		<i>Older Than</i>
1	2	3	4	5

I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

<i>Not Concerned</i>		<i>Somewhat Concerned</i>		<i>Very Concerned</i>
1	2	3	4	5

Contact us : (212) 861-6400

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