## STEVEN G. WALLACH, M.D.

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

## **Cosmetic Interest Questionnaire**

Please check any which interest you.

□Botox	□Fillers	□Mole	/ Birthmark Rer	noval 🗆	Skin C	Care	
□Facelift	□Rhinoplasty		□Blepharoplast	ty ⊏	Breast	Augmentati	on
🗆 Breast Lift	□Breast Reduct	tion	□Breast Implar	nt Revisi	on	⊐Arm Lift	□Thigh
Lift □Breas	st Reconstruction	n	□Abdominopl	asty ⊏	Liposı	uction	□Body
Scuplting	□Body Lift	□Brazi	lian Butt Lift	□Butt D	ream L	ift	
□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.

Younger Than		True Age	Older Than				
1	2	3	4	5			
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