Aging Skin Questionnaire

Which aging skin treatment is the correct one for me? (What are the options?)

______________________________________________________________________________

What is the estimated cost of the procedure?

______________________________________________________________________________

How long is one appointment?

______________________________________________________________________________

How often will I need to receive treatments to treat my aging skin?

______________________________________________________________________________

How far apart are the treatments?

______________________________________________________________________________

What are the common side effects or complications associated with the procedure?

______________________________________________________________________________

______________________________________________________________________________

How can I prepare for the treatment/procedure?

______________________________________________________________________________

______________________________________________________________________________

Will the treatment hurt?

______________________________________________________________________________

What are my pain management and anesthesia options?

______________________________________________________________________________

______________________________________________________________________________

How long is the recovery time associated with my procedure?

______________________________________________________________________________

Do you have before-and-after patient images to help to prepare me for what to expect?

______________________________________________________________________________

Will someone walk me through the process before going in for the treatment?

______________________________________________________________________________

What are the risks?

______________________________________________________________________________

______________________________________________________________________________
What should I expect after the procedure is performed? (i.e., short-term and long-term effects; activity restrictions; expected recovery period)

______________________________________________________________________________

______________________________________________________________________________

Other Questions and Notes

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Is a doctor on site?

☐ Yes  ☐ No

Is the doctor board-certified in dermatology or in another specialty with equivalent training and experience?

☐ Yes  ☐ No

Was my medical history taken?

☐ Yes  ☐ No

Was I given an initial evaluation to determine if the technique or procedure is appropriate for my skin type?

☐ Yes  ☐ No

Did the doctor show me before-and-after photos?

☐ Yes  ☐ No