Skin Lesion Questionnaire

Which skin lesion procedure 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 treatment? ___________________________________________

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? _______________________________________

Do the treatments 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 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