Sun Damaged Skin Questionnaire

Which sun damaged skin 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)

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Other Questions and Notes

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________________________________

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