

Sheryl D. Clark, M.D.  
The Center for Aesthetic and Preventative Dermatology

Dear Patient,

In addition to our medical dermatology services, Dr. Clark also specializes in numerous aesthetic and cosmetic procedures. To ensure we are meeting all your needs, we ask that you complete the following questionnaire.

**These are my areas of concern:** *(Please check any that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Fine lines and wrinkles  | <input type="checkbox"/> Surgical or Acne scars                               |
| <input type="checkbox"/> Deep lines or furrows  | <input type="checkbox"/> Tired looking skin or skin discoloration             |
| <input type="checkbox"/> Areas of excess fat under chin, around love handles, abdomen, bra top, hips, thighs or above knees | <input type="checkbox"/> Unwanted or excessive hair                           |
| <input type="checkbox"/> Laxity of skin on arms, neck, abdomen, thighs, or breasts  | <input type="checkbox"/> Hereditary hair loss or balding                      |
| <input type="checkbox"/> Hand rejuvenation (brown spots, thin skin, prominent veins)  | <input type="checkbox"/> Dark circles or puffiness around eyes                |
|   | <input type="checkbox"/> Scars, including surgical, traumatic, and acne scars |
|   | <input type="checkbox"/> Prominent blood vessels on face or legs              |
|   | <input type="checkbox"/> None of the above concern or interest me             |

**For Female Patients**

Do you feel loose vaginally since childbirth or menopause? Yes / No / NA

Do you feel dry during intercourse? Yes / No

Do you feel urinary urgency or are you being treated for incontinence with medication or kegels? Yes / No

Have your intimate relationships suffered due to any of the above or would you like to improve your sexual response? Yes / No

**I may be interested in the following treatments:** *(Please check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Botox/Fillers                 | <input type="checkbox"/> CoolSculpting                    |
| <input type="checkbox"/> Kybella                       | <input type="checkbox"/> CoolTouch                        |
| <input type="checkbox"/> Ultherapy                     | <input type="checkbox"/> Silhouette Instalift             |
| <input type="checkbox"/> Microneedling w/ PRP          | <input type="checkbox"/> Chemical Peels                   |
| <input type="checkbox"/> Pellevé / Pellefirm           | <input type="checkbox"/> ViPeel                           |
| <input type="checkbox"/> Vaginal rejuvenation/ThermiVa | <input type="checkbox"/> Megapeel/ Microdermabrasion      |
| <input type="checkbox"/> ThermiTight                   | <input type="checkbox"/> Laser resurfacing/ Laser Genesis |
| <input type="checkbox"/> ThermiSmooth                  | <input type="checkbox"/> Laser hair removal               |

Please provide your email if you would like to receive discounts or promotions for the treatments and products we offer:

Email \_\_\_\_\_

All services listed above are considered cosmetic and therefore not billable to your insurance. All above procedures will be charged directly to you on the date of service. You are responsible for inquiring about before any procedure is performed as to its medical necessity or cosmetic nature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date