



MEDICAL AESTHETICIAN QUESTIONNAIRE

Thank you for choosing Gardens Dermatology Aesthetic Services.
Please take a few moments to answer the following questions, so we may serve you better.

Name: _____

Phone: _____

Is this your first aesthetic appointment with Gardens Dermatology? Yes No

Have you ever had a facial before? Yes No
If yes, what type? _____

Have you ever had a negative skin reaction to cleansers, creams, lotions, etc.? Yes No

What do you wish to achieve with your aesthetic treatment today?

What are your long term aesthetic health care goals?

Thank you for taking the time to complete our MA Questionnaire. Have an excellent day!