

# Dermatology Associates of the South Bay

**Amber Kyle M.D. and Associates**

20911 Earl Street, Suite 310, Torrance, CA 90503

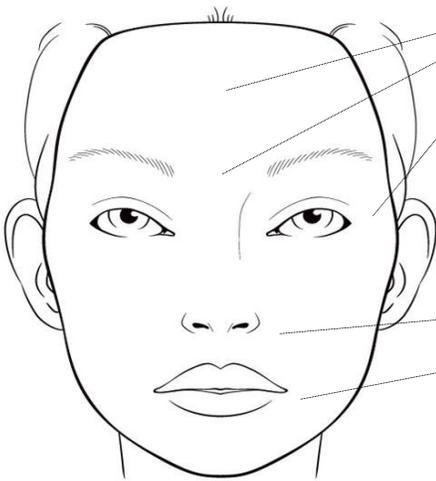
310-370-9970

## Cosmetic Interest Questionnaire -(This form is optional)

Please fill out this form if you would like to be contacted to schedule a consultation with our medical aesthetic nurse.

*If you are not interested, please leave this form blank.*

*Consult Notes:*



- Lines in forehead/ between brows/ crow's feet (*sides of eyes*)
- Not enough/ thin/ short lashes or brows\*\*  
*\*\* If only item Dr. Kyle or Krishna can address this need*
- Under eye- hollowness, lines, pigmentation
- Flat cheeks/ mid-face volume loss
- Vertical lip lines (*"smokers lines"*)
- Lips: shape/ fullness
- Corners of mouth/ down turned mouth
- Nose-to- mouth "smile lines" (*nasal labial folds*)
- Mouth-to-chin lines (*marionette lines*)
- Bumpy looking chin "pebble chin"
- Double chin
- Skin color/pigment: uneven pigment, brown spots (sun spots), redness, visible/ broken blood vessels, rosacea, red dots (angiomas), other \_\_\_\_\_  
*(circle items of concern)*
- Skin texture: dull skin, rough/uneven texture, large pores, clogged pores, fine lines, wrinkles, scars, laxity, other \_\_\_\_\_  
*(circle items of concern)*
- Unwanted body hair, excess facial hair, laser hair removal, areas \_\_\_\_\_
- Leg veins /spider vein treatment
- Excessive underarm perspiration

*Mark the items or areas that bother you or you would like to explore ways to improve or correct. Feel free to write or draw other things on the face.*

Have you done any previous cosmetic/ medical skin care treatments or procedures?  No/  Yes

Would you like to discuss/learn more about:  Skin care advice  Sunscreens  Skin care products  
 Other \_\_\_\_\_

Please list any questions you have in the space below:

**PRINT** Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

*Would you like us to email you regarding Dr. Kyle's occasional cosmetic specials?*  Yes  No