



THE MEDICAL SPA
AT LINDSAY HOUSE

Today's Date: _____

Q VIEW QUESTIONNAIRE

Name: _____

Date of Birth: _____

What can Q do for you? Indicate procedures of interest below.

FACE	BREAST & BODY	SKIN
<input type="checkbox"/> Facelift <input type="checkbox"/> Mini Facelift <input type="checkbox"/> Mid-Face Lift <input type="checkbox"/> Brow Lift <input type="checkbox"/> Neck Lift <input type="checkbox"/> Rhinoplasty (Nasal Surgery) <input type="checkbox"/> Blepharoplasty (Eyelid Lift) <input type="checkbox"/> Otoplasty/Ear Reshaping <input type="checkbox"/> Lip Augmentation <input type="checkbox"/> Cheek Augmentation <input type="checkbox"/> Chin Augmentation <input type="checkbox"/> Fat Injections <input type="checkbox"/> Hair Restoration <input type="checkbox"/> Other _____	<input type="checkbox"/> Breast Augmentation <input type="checkbox"/> Breast Reduction <input type="checkbox"/> Male Breast Reduction <input type="checkbox"/> Breast Lift <input type="checkbox"/> Buttock Augmentation <input type="checkbox"/> Abdominoplasty <input type="checkbox"/> Cellulaze <input type="checkbox"/> Arm Lift <input type="checkbox"/> Mommy Makeover <input type="checkbox"/> Thigh Lift <input type="checkbox"/> Excess Skin Removal <input type="checkbox"/> Liposuction <input type="checkbox"/> SmartLipo <input type="checkbox"/> Bra Line Back Lift <input type="checkbox"/> Other _____	<input type="checkbox"/> Skin Care <input type="checkbox"/> Skin Resurfacing <input type="checkbox"/> Customized Corrective Treatments <input type="checkbox"/> Microdermabrasion or Vibraderm <input type="checkbox"/> Laser Hair Removal <input type="checkbox"/> Botox [®] Cosmetic <input type="checkbox"/> Wrinkle Fillers (Juvederm [®] , Restylane [®] , Radiesse [®] , Belotero [®]) <input type="checkbox"/> Hand Rejuvenation <input type="checkbox"/> Make-up Lesson & Application <input type="checkbox"/> Permanent Make-up <input type="checkbox"/> Photorejuvenation <input type="checkbox"/> CO2 Fractional Resurfacing Laser <input type="checkbox"/> Ultherapy (stimulation of collagen) <input type="checkbox"/> Other _____

A member of our staff will contact you shortly regarding your areas of interest.

Please indicate any additional areas of concern so a treatment recommendation can be made:
