



Center for Smile Enhancement . Michael S. Sudit, D.D.S. LLC

10500 Wayzata Blvd. Minnetonka, MN 55305

(952) 593-9310

Facial Aesthetic Assessment Questionnaire

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Mobile phone: _____

Work phone: _____

E-mail address: _____

Please indicate your preferred method of contact: _____

Facial Aesthetic Assessment Information

Skin Type:

Oily ___ Normal ___ Dry ___ Sensitive ___ Combination ___

Cosmetic History:

Facial surgery in the past year? Y N If yes, what type? _____ Date _____

Collagen/Dermal fillers (Juvederm, Restylane etc)? Y N Date of last treatment _____

Botox injections? Y N If yes, where on face? _____ Date _____

Peel treatment in the past year? Y N When? _____ Type? _____

Facial treatment in the past year? Y N When? _____ Type? _____

Were you pleased with the outcome? Y N

If no, in what way were you dissatisfied? _____

Skin Care History:

(please indicate which of the following products you currently use)

Cleanser ___ Toner ___ Moisturizer ___ Sunscreen ___

Skin lightener ___ Anti-Aging Formula ___ Facial Scrubs ___

Alpha Hydroxy Acids ___ Retin-A (%) ___ Self Tanning Creams ___

Topical Rx ___ Accutane ___

The best results will be achieved through combination therapy by using multiple products and procedures. Please let us know which of the following are of interest to you. Please check all that apply.

Facial lines/wrinkles	___	Marionette lines	___
Thin lips	___	Blotchy skin	___
Skin texture	___	Dry or oily skin	___
Nose to mouth lines	___	Dark circles under eyes	___
Brown spots/age spots/freckles	___	Acne	___
Sun protection	___	Chemical peel	___
Neck wrinkles	___	Frown lines (“11’s)	___
Forehead lines	___	Crow’s feet or squint lines	___
Perioral rhytids (smoker’s lines)	___	Gummy smile	___

Would you like to receive e-mails from our office about special events, opportunities and savings? Y N

If our office hosted future events to inform patients about cosmetic procedures, would you be interested in attending? Y N

Patient Signature _____ **Date** _____

THANK YOU!