



Cosmetic Questionnaire

Name: _____ DOB: _____ Today's Date: _____

In a few words, what is the main reason for your visit today?

Please mark the area(s) of interest or concern.

How does your skin react in the sun? (circle one)

I: Always burns, never tans

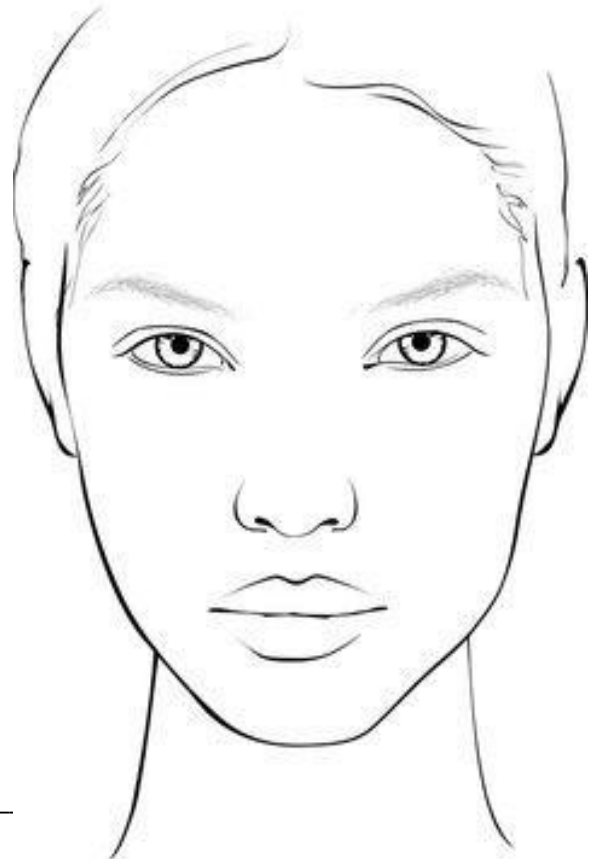
II: Always burns, tans with difficulty

III: Sometimes mild burn, tan about average.

IV: Rarely burns. Tans easily.

V: Never burns. Tans very easily.

VI: Heavily pigmented. Never burns, tans very easily.



Please describe your daily skincare routine:

AM: _____

PM: _____



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Have you ever received cosmetic injections on your face? YES NEVER

Please list previous toxin (i.e. Botox, Dysport, Xeomin, Daxxify, Jeuveau), area, and date of last injection:

Please list previous filler injections (i.e. Juvederm, Restylane, RHA, Voluma), area, and date of injection:

Please list other previous cosmetic injections (Sculptra, Radiesse, Kybella), area, and date of injections:

Have you ever had laser treatments on your face? YES NEVER

Please list what laser type (i.e. IPL, Fraxel), area, and treatment date:

Have you ever had cosmetic or other surgery on your face? YES NEVER

If so, please describe the procedure and date:

Do you have a history of HSV (cold sores)? YES NO

Are you taking blood thinners (aspirin, Eliquis)? YES NO

Have you had any allergic reactions to injections in the past? YES NO

Do you have any sensitivities to creams or lotions? YES NO

How active are you? Please circle one:

I rarely workout I walk daily I workout 2x a week I workout at least 5X a week



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On a scale of 1-8: (circle one)

How often do you do you deliberately check your feature(s)? Not accidentally catch sight of it. Please include looking at your feature in a mirror or other reflective surfaces like a shop window or looking at it directly or feeling it with your fingers.

Never check		5+/day		10+/day		20+/day		40+/day
0	1	2	3	4	5	6	7	8

To what extent do you feel your feature(s) are currently ugly, unattractive or 'not right'?

Not at all unattractive		Slightly		Moderately		Markedly		Very ugly or "not right"
0	1	2	3	4	5	6	7	8

To what extent does your feature(s) currently cause you a lot of distress?

Not at all distressing		Slightly		Moderately		Markedly		Extremely distressing
0	1	2	3	4	5	6	7	8

How often do(es) your feature(s) currently lead you to avoid situations or activities?

Never avoid		Avoid ¼ of the time		Avoid half the time		Avoid ¾ of the time		Always avoid
0	1	2	3	4	5	6	7	8

To what extent do(es) your feature(s) currently preoccupy you? That is, you think about it a lot and it is hard to stop thinking about it?

Not at all preoccupied		Slightly		Moderately		Very preoccupied		Extremely preoccupied
0	1	2	3	4	5	6	7	8

If you have a partner, to what extent does your feature(s) currently have an effect on your relationship with an existing partner? (e.g., affectionate feelings, number of arguments, enjoying activities together). If you do not have a partner, to what extent does your feature(s) currently have an effect on dating or developing a relationship?

Not at all		Slightly		Moderately		Markedly		Extremely
0	1	2	3	4	5	6	7	8



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To what extent do(es) your feature(s) currently interfere with your ability to work or study, or your role as a homemaker? (Please rate this even if you are not working or studying: we are interested in your ability to work or study.)

Not at all	Slightly	Moderately	Markedly	Very seriously (I can't work)				
0	1	2	3	4	5	6	7	8

To what extent does your feature(s) currently interfere with your social life? (with other people, e.g., parties, pubs, clubs, outings, visits, home entertainment).

Not at all	Slightly	Moderately	Markedly	Very seriously				
0	1	2	3	4	5	6	7	8

To what extent, do you feel your appearance is the most important aspect of who you are?

Not at all	Slightly	Moderately	Mostly	Totally				
0	1	2	3	4	5	6	7	8

How did you hear about Dr. Murdock? Please Circle one

Google My doctor referred me Family/ Friend Social Media Event Other