

**DONALD A. HOLLSTEN, M.D.**  
**Cosmetic Eyelid Surgery & Laser Skin Resurfacing**

COSMETIC PATIENT REGISTRATION

Mr. Mrs. Miss Ms. \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Sex: M F      Marital Status:      Single      Married      Divorced      Widowed

Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Email: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient's Spouse: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**In Case of Emergency:**

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

Medical Center Tower I, Suite 702  
7950 Floyd Curl Dr, San Antonio, TX 78229  
210.615.1920 \* 210.616.0972

# Cosmetic Interest Questionnaire

Issues of interest and what brings you in today (please check all that apply):

- BOTOX® Cosmetic (Botulinum Toxin Type A)
- Juvederm Filler
- Heavy Upper Eyelids
- Bags below the eyes
- Retin-A® or Renova®
- Brown Lifts
- Laser Resurfacing
- Sculptra
- Other, please specify: \_\_\_\_\_

Please answer the following questions on a scale of 1 to 5 circling the appropriate number:

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age

<b>Younger Than</b>		<b>True Age</b>		<b>Older Than</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

<b>Not Concerned</b>		<b>Somewhat Concerned</b>		<b>Very Concerned</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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# Cosmetic Interest Questionnaire

How did you hear about us?

- My Physician (full name) \_\_\_\_\_
- My Insurance Company Provider \_\_\_\_\_
- The Yellow Pages \_\_\_\_\_
- A Friend or Family Member \_\_\_\_\_
- Another Person Not Listed Above \_\_\_\_\_

Please provide the name and address of the person who referred you so we can thank them:

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- An Article or Advertisement in \_\_\_\_\_
- Internet

How may we contact you to remind you of your appointment and to schedule your next appointment?

PHONE      YES    NO      Phone Number \_\_\_\_\_

EMAIL      YES    NO      Email Address \_\_\_\_\_

MAIL      YES    NO      Mailing Address      Same as above      Different

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# Cosmetic Interest Questionnaire

**It is important that we are aware of ALL previous cosmetic surgeries. Please take the time to be as accurate as possible.**

Date: \_\_\_\_\_ Physician: \_\_\_\_\_

Procedure: \_\_\_\_\_

Date: \_\_\_\_\_ Physician: \_\_\_\_\_

Procedure: \_\_\_\_\_

Date: \_\_\_\_\_ Physician: \_\_\_\_\_

Procedure: \_\_\_\_\_

Date: \_\_\_\_\_ Physician: \_\_\_\_\_

Procedure: \_\_\_\_\_

Date: \_\_\_\_\_ Physician: \_\_\_\_\_

Procedure: \_\_\_\_\_

Any chronic medical problems or serious past illnesses?    Yes    No

Please Explain: