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Dear Patient,

We would like to welcome you to our practice. Our goal is to respond to all of our patient's needs, and to provide the highest quality medical/aesthetic care. In order to provide the information and services you desire on your health and appearance, we invite you to complete the following questionnaire:

Your Name: _____

What is the best way to contact you (e-mail, phone, mail)?: _____

Health issues of interest to you (please check all that apply):

- | | | | |
|--------------------------|------------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Wrinkle reduction | <input type="checkbox"/> | Facial rejuvenation |
| <input type="checkbox"/> | Scar correction | <input type="checkbox"/> | Liver - age spots |
| <input type="checkbox"/> | Reduction of sun damage | <input type="checkbox"/> | Mole or skin tag removal |
| <input type="checkbox"/> | Prevention of sun damage | <input type="checkbox"/> | Treatment facial spider veins |
| <input type="checkbox"/> | Botox® for wrinkles | <input type="checkbox"/> | Skin tone (blotchiness) |
| <input type="checkbox"/> | Acne scar reduction | <input type="checkbox"/> | Effective skin care regimen |
| <input type="checkbox"/> | Birthmarks | <input type="checkbox"/> | Chemical Peels |
| <input type="checkbox"/> | Other, please specify: _____ | | |

How did you hear about us?:

My physician, whose name is: _____

A friend or family member (name): _____
Please provide the name of person who referred you, so we can thank them!

The yellow pages

An article or ad in: _____

An Internet search (through which website?): _____

Thank you for your assistance with our effort to improve your experience in our practice! Please feel free to offer any other suggestions or comments on the back of this form.

Thank You