

## **Scar Questionnaire**



What should I expect after the procedure is performed? (i.e., short-term and long-term effects; activity restrictions; expected recovery period)		
Other Questions and Notes		
Is a doctor on site?	☐ Yes	□ No
Is the doctor board-certified in dermatology or in another specialty with equivalent training and experience?	☐ Yes	□ No
Was my medical history taken?	☐ Yes	□ No
Was I given an initial evaluation to determine if the technique or procedure is appropriate for my skin type?	☐ Yes	□ No
Did the doctor show me before-and-after photos?	☐ Yes	□ No