



Practice Logo Here

Patient Sweat Assessment Questionnaire/Intake Form

We strive to offer innovative technologies and services to benefit our patients. We now offer an aesthetic procedure that eliminates underarm sweat glands. The miraDry® procedure reduces underarm sweat and odor in a simple office treatment. Please take a moment to answer the following questions about your experience and feelings regarding underarm sweat. This will help us better understand your needs.

Please check the statements below that describe your experiences with underarm sweat:

1. Check the box for each situation you have experienced.
2. Indicate how much each situation bothers you, using a score of 1-10, where 10 = bothers you a lot and 1 = doesn't bother you much.

Check if you have experienced each sweat situation	Sweat situation	Does this bother you? 10 = Bothers me a lot 1 = Doesn't bother me much
<input type="checkbox"/>	Visible underarm wetness during a business or social situation	_____
<input type="checkbox"/>	Stains in clothing due to sweat and use of deodorants or antiperspirants	_____
<input type="checkbox"/>	Lingering odor in clothing	_____
<input type="checkbox"/>	White streaks on dark clothing from deodorant/antiperspirant	_____
<input type="checkbox"/>	Frequent dry cleaning due to odor or stains	_____
<input type="checkbox"/>	Dislike daily use of chemicals/deodorants/antiperspirants	_____
<input type="checkbox"/>	That not-so-fresh feeling during the day	_____

3. Please indicate your age range Under 20 21-30 31-40 41-50 Over 50
4. Have you ever had any aesthetic procedures before (such as skin tightening, hair removal, body contouring, skin resurfacing, injectable fillers or botulinum toxin injections?) Yes No