



Cosmetic Surgery Questionnaire

Patient Name: _____ Age: _____ Date: _____

Occupation: _____ Employer: _____

Education: _____

Please circle the cosmetic surgeries you are considering.

FACE:	EYELID	BREAST:	ENLARGEMENT
	FACE/NECK LIFT		REDUCTION
	FOREHEAD/BROW		LIFT
	CHIN		CORRECTION OF PREVIOUS
	LIPS		SURGERY
	NOSE		REPLACEMENT OF OLD IMPLANT
	EAR PINNING		
	FAT INJECTIONS		

BODY:	TUMMY TUCK	OTHER: BOTOX
	LIPOSUCTION WHERE _____	FACIAL FILLERS
		FAT TRANSFER

Do you understand the object of cosmetic surgery is improvement, not perfection? YES NO

Are you aware the results may not fully meet your expectations? YES NO

Do you realize that every operation is followed by a period of healing before tissues return to normal and the final result is apparent? YES NO

List below any cosmetic Surgeries you have had:

Were you satisfied? YES NO

Do you smoke? YES NO

Do you drink alcohol? YES NO

Do you ever use recreational drugs? YES NO

Do you take aspirin or blood thinners regularly? YES NO

Signature

Date



PATIENT QUESTIONNAIRE

DATE: _____

FIRST NAME _____ MIDDLE _____ LAST NAME _____

DATE OF BIRTH _____ AGE _____ Sex: _____ Martial Status: _____

Home Telephone: _____ Cell Phone: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Driver's License Number: _____ Social Security Number: _____ - _____ - _____

HOME NUMBER: _____ CELL PHONE: _____

EMPLOYER: _____ EMPLOYER NUMBER: _____

How did you hear about us? _____
NAME of Friend/Doctor/Publication/Website

Email: _____

May we leave you a message
(PLEASE CIRCLE)

HOME?	YES	or	NO
CELL?	YES	or	NO
EMAIL?	YES	or	NO

Spouse/Significant Other: _____ Telephone: _____

Nearest Relative (not living with you) _____

Name	Relationship
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Address	City	State	Zip	Contact Number
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THE ABOVE INFORMATION IS CORRECT AT THE TIME OF COMPLETION. I AGREE TO NOTIFY THE OFFICE OF ANY CHANGES. I ALSO UNDERSTAND THAT THERE IS A \$29.00 FEE FOR ALL RETURNED CHECKS. I ALSO UNDERSTAND THAT ALL CHECKS NOT MADE GOOD WITHIN 15 DAYS MAY BE PRESENTED TO THE DISTRICT ATTORNEY FOR PROSECUTION. I HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICE AND I HAVE BEEN PROVIDED THE OPPORTUNITY TO REVIEW IT.

Signature

Date