PATIENT QUESTIONNAIRE

PATIENTS NAME:_____ DATE:_____

1. HOW LONG HAVE YOU BEEN THINKING ABOUT HAVING COSMETIC SURGERY?
   - □ LESS THAN ONE YEAR
   - □ ONE TO TWO YEARS
   - □ TWO TO FIVE YEARS
   - □ MORE THAN FIVE YEARS

2. HAS ANYTHING HAPPENED RECENTLY TO STIMULATE YOUR INTEREST IN HAVING THIS DONE?_____
   _____

3. WHAT DO YOU EXPECT THIS SURGERY TO DO FOR YOU?_____
   _____

4. HAVE YOU DISCUSSED THIS WITH YOUR: □ SPOUSE
   □ FAMILY
   □ FRIENDS

   WHAT WAS THEIR OPINION: □ VERY SUPPORTIVE
   □ SUPPORTIVE
   □ UNCOMMITTED
   □ VERY MUCH AGAINST IT
   □ OTHER

5. HAVE YOU EVER SEEN ANOTHER DOCTOR ABOUT THIS? □ YES □ NO
   IF YES, WHAT HAPPENED WITH THIS DOCTOR?_____

6. WHEN ARE YOU THINKING ABOUT HAVING THIS DONE?
   □ ASAP □ 2 TO 6 MONTHS
   □ 1 TO 3 WEEKS □ NOT SURE_____
   □ 4 TO 8 WEEKS

7. WHAT (IF ANY) ARE YOUR CONCERNS ABOUT HAVING SURGERY?_____
   _____

8. WHAT IS IT THAT YOU ARE LOOKING FOR TO HELP YOU DECIDE ON THE DOCTOR, STAFF, AND FACILITY TO DO YOUR SURGERY?_____
   _____