

Cosmetic Consultation Questionnaire

Welcome to Marchant Plastic Surgery! Your concerns are as unique as you, we ask you to kindly answer the questions below to help us give you a very personal consultation.

Name: _____ **Date:** _____

What is the reason for your visit today?

What bothers you most about this area of your body? Be as detailed as possible.

Have you done any research into a specific procedure? Check all that apply.

- | | | |
|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Television | <input type="checkbox"/> I have not |
| <input type="checkbox"/> Books | <input type="checkbox"/> Family Doctor | researched my |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Friend | procedure |

How do you think plastic surgery will make your life better?

When are you hoping to schedule surgery? _____

Do you need financing information? Yes ____ No ____

What are some of your fears or concerns regarding plastic surgery?

Thank you.