PERSONS PLASTIC SURGERY

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?_____
   _____