

## PATIENT INFORMATION

Date

Patient Name

Date of Birth

Age

Area(s) of concern?

What procedure(s) are you interested in?

What improvement/change do you hope to make?

How long have you thought about a procedure?

Why is now the right time for a procedure?

Have you had any other consultations?

What do you still need that you didn't get in your previous consult?

Have you ever had any aesthetic procedure(s)?

What type?

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How much time will you have off work/down?

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Do you understand that cosmetic surgery aims to improve appearance, not perfection?

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Any fears/concerns that you have about surgery?

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Have you educated yourself on this procedure?

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What are your questions?

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**IF INTERESTED IN BREAST SURGERY:**

What are you not comfortable with about your breasts?

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What size bra do you wear?

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What size do you hope to be?

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**IF INTERESTED IN BODY SURGERY:**

Is your procedure related to weight gain or weight loss?

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Have you gained or lost more than 20 pounds in the last year?

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What is your current weight and height?

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How Many Pounds/Kilos you lose/gain?

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Are you still losing/gaining weight?

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Have you undergone a bariatric procedure?

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**IF INTERESTED IN NASAL/FACIAL SURGERY:**

Have you ever had any facial/nose surgery?

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Are you having any breathing problems?

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Do you understand that facial surgery can result in bruising/swelling that can not be hidden?

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Have you ever had any non surgical cosmetic procedure on your face?  
If yes, please specify procedure and approximate date of it.

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It is our duty an pleasure to help you, please let us know about your doubts and questions and we will gladly answer them. If there is anything that we missed feel free to address it.