



Please help us help you by filling out the following information. It is our intention to make your consultation and surgical experience with us productive, enjoyable and goal directed. Your complete and specific information is essential to our communication and achieving the optimal results.

1. What is the primary reason that you are here?

2. What three aesthetic changes would you like to effect?

1.

2.

3.

3. What are your concerns or road blocks to having a procedure?

4. What are your short-term and long-term goals?

5. If you have had any experience with plastic surgery, please explain briefly.

6. What would you expect from this office, from the front office staff, the doctor and the medical team?

7. Have you visited other doctors for consultation regarding any of the previous reasons?

8. What were their comments and/or recommendations?

9. What do you expect to achieve for yourself and your life with any aesthetic improvement?

10. Do you believe your expectations are realistic for improvement?

11. How likely is it that you would be satisfied with improvement and not "perfection"?

12. Do you have the time to invest to achieve the most optimal cosmetic improvements?

Thank you again for completing this information as completely and honestly as possible. This information will be valuable in allowing us to make your experience as positive and pleasant as possible.

NAME	DATE
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Thank You for Choosing FPSA ////////////////////