

Combining Skill and Artistry to Create a Refined and Refreshed New You

Cosmetic Surgery Patient Questionnaire

All answers to the questions will be for chart use office records only and will be considered confidential.

Patient Name: _____ D.O.B: ___/___/___ Male | Female

Address: _____ Contact #: _____

Please provide E-mail address to receive information on promotions and special events from NTCS:

How did you hear about us?

Have you been to our website [www.northtexascosmeticsurgery.com]? Yes | No
If yes, was our website helpful? Yes | No, please list reason:

Let us get to know you, so we can better serve you by answering all the questions, fill in the blanks, and check off box(es) for those that apply,

Main concern(s) of today's consultation:

What procedure (s) are you interested in? (Check all applicable)

Breast Procedures: Male Breast Reduction Awake Breast Augmentation Implant Replacement
 Breast Lift (MASTOPEXY) Breast Reduction Breast Asymmetry
 Breast Capsulectomy Breast Revision/Repair Fat Transfer to Breast

Body Procedures: Lipoabdominoplasty (Tummy Tuck) Mommy Makeover
 Neck Lift /Tightening and/or fat reduction Renuvion (Skin Tightening) Belt Lift
 Tumescant Liposuction/VASERlipo Fat Transfers to Buttocks Inner Thigh Lift
 Brachioplasty (Arm Lift) Vaginal Rejuvenation

Do you have any of the following face (wrinkles and fine lines) or skin concerns? (Check all applicable)

Frown Lines Elevens Line (between eyes) Forehead Lines Small Lips
 Smoker Lines Crow's Feet Lines Loss of Volume Aging Skin
 Spider Veins Wrinkles/Fine Lines Dry Skin/Dry Patches Dark Circles/Puffy Eyes
 Unwanted Hair Scars Oily Skin/Acne Discoloration/
Hyperpigmentation

To help us understand your particular needs and time preferences for your surgery, please provide us with the following information:

Have you consulted with other physicians about procedure(s) indicated above? Yes | No
If yes, is there a reason why you have not proceeded with them?

Are you interested in our financing options/information? Yes | No

What is your time preference for your Procedure? Month 2-3 Months 4-6 Months 1 Year

Is your schedule flexible whereby you could have your surgery done on short notice? Yes | No