

COSMETIC SURGERY PATIENT QUESTIONNAIRE

Name: _____ Date: _____

Education: ___ yrs High School ___ yrs college Occupation: _____ How long?: ___ yrs

Nature of proposed surgery (circle types you are considering): NOSE CHEEKS CHIN LIPS EYELIDS
FACE NECK EARS FACE PEEL LIPOSUCTION BREASTS OTHER: _____

What specific features of yours do you dislike? _____

What event caused you to begin thinking about having it fixed? _____

What recently motivated you to do it? _____

Have you consulted any other surgeon? _____ If so, why didn't you have him/her do it? _____

Are you currently associated with anyone who is against the idea of your having plastic surgery? _____

Is anyone actively objecting to your getting treatment? _____

Has anyone strongly suggested and/or insisted you get treatment? If so, why? _____

Is there anyone in your life who does not like you the way you are now or would like you better if you looked differently?

I am: (circle) **single** **married** **separated** **divorced** **widowed**.

My relationship with my "significant other" is (circle) **difficult** **fair** **good** **excellent**.

Stress Levels : Your recovery can be influenced greatly by the emotional stresses of your life. Complications are frequently connected with apparently unrelated circumstances. The information you provide here is vitally important for medical decisions regarding your post-operative treatment & care. Please gauge your stress levels in the following areas. Add extra explanations if you feel a situation requires further clarification.

Severity of Stress (1 = lowest, 10 = highest)

marital/relationship	1	2	3	4	5	6	7	8	9	10	
business/professional	1	2	3	4	5	6	7	8	9	10	
domestic/children	1	2	3	4	5	6	7	8	9	10	(circle the appropriate numbers)
financial	1	2	3	4	5	6	7	8	9	10	
legal situations	1	2	3	4	5	6	7	8	9	10	
physical body	1	2	3	4	5	6	7	8	9	10	
other (specify)	1	2	3	4	5	6	7	8	9	10	what? _____

Have you recently experienced any severe losses or upsets in your personal or professional life? _____

(if so, give brief details) _____

My desire for surgery is (circle the letters that apply): **a**) directly related to profession or job, **b**) to improve a particular relationship, **c**) to improve my social life in general, **d**) just for me, **e**) repair damage from an injury/illness.

What do you hope to change or improve in your life with this planned surgery? _____

I get colds or illnesses (underline or circle one):
almost never / once or twice a year / once every few months / about once a month or more.

The colds or illnesses I get are usually **minor / moderate / severe.**

What "street" drugs have you had in the last 6 months? Marijuana _____, Cocaine _____, Speed _____,
other (specify) _____

What medical or psychiatric drugs have you taken in the last 6 months? _____

I currently drink alcoholic beverages approximately:
daily / several times a week / a few times per month / rarely / never

I would consider myself to be a **non / light / moderate / heavy / drinker.**

Are you exposed to any fumes, dusts or solvents? _____

How much time have you lost from work, school, etc. due to illness or injury in the last year?
a few days or less _____
one week or less _____
about a month _____
more than a month _____

Aside from yourself, who would you most want to be pleased with the results of your surgery? _____

Does this person know you are having it? _____

If yes, how does this person feel about your doing this? _____

What previous serious illnesses, injuries, etc. have you had _____

List any permanent effects: _____

Have you had previous cosmetic surgery? (describe) _____

Name of surgeon(s): _____

Where you satisfied with the results? _____

Where there any complications or bad results? (If so, what?) _____

List any other operations you have had: _____

Did any of these surgeries have any bad results or complications? (If so, what?) _____

Do you have any known allergies? If so, please list to what: _____

Have you ever had psychological / psychiatric treatment or therapy of any kind? _____ If yes, during
what years: _____ Briefly summarize the condition or circumstance being addressed:

Do you had any chronic or reoccurring illness or physical condition such as: headaches / sinus problems
/ eye complaints / intestinal disorders / reproductive system problems / nervous condition /
bruise easily / teeth problems / other? _____