

Aesthetic Arts Institute of Plastic Surgery

8415 Grant Avenue, La Mesa CA 91941

PATIENT QUESTIONNAIRE

NAME: _____ DATE: _____

WHAT PROCEDURE(S) ARE YOU INTERESTED IN? _____

HOW LONG HAVE YOU BEEN THINKING ABOUT THIS? _____

HAS ANYTHING HAPPENED RECENTLY TO STIMULATE YOUR INTEREST IN HAVING THIS DONE AT THIS TIME? _____

WHAT DO YOU EXPECT THIS SURGERY/PROCEDURE TO DO FOR YOU? _____

DO YOU HAVE ANY CONCERNS ABOUT HAVING THIS SURGERY/PROCEDURE? _____

WHEN ARE YOU THINKING OF HAVING THIS PROCEDURE DONE? ASAP 1-8 WEEKS 2-6 MONTHS 6-12 MONTHS

HAVE YOU DISCUSSED THIS WITH YOUR SPOUSE, FAMILY, AND/OR FRIENDS? YES NO SPOUSE FAMILY FRIENDS

WHAT WAS THEIR OPINION? VERY SUPPORTIVE SUPPORTIVE UNCOMMITTED

AGAINST IT VERY MUCH AGAINST IT OTHER: _____

OTHER FAMILY/FRIENDS COMMENTS: _____

HAVE YOU VISITED OUR WEBSITE? YES NO DID OUR WEBSITE INFLUENCE YOUR DECISION TO SEE US? YES NO

HAVE YOU EVER HAD ANY OTHER COSMETIC SURGERY/PROCEDURE(S)? YES NO

WHAT TYPE? _____ DOCTOR: _____ DATE: _____

WHAT QUALITIES DO YOU CONSIDER MOST IMPORTANT IN YOUR CHOICE OF THE DOCTOR, STAFF, AND FACILITY TO DO YOUR SURGERY/PROCEDURE?

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| <input type="checkbox"/> QUALITY | <input type="checkbox"/> TRUST | <input type="checkbox"/> CONFIDENCE | <input type="checkbox"/> SUPERIOR FACILITIES |
| <input type="checkbox"/> SAFETY | <input type="checkbox"/> EXPERIENCE | <input type="checkbox"/> REPUTATION | <input type="checkbox"/> RESULTS |
| <input type="checkbox"/> FINANCING | <input type="checkbox"/> CONVENIENCE | <input type="checkbox"/> GUIDANCE | <input type="checkbox"/> PRICE |
| <input type="checkbox"/> BOARD CERTIFICATION | | | |