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*Dothan Plastic Surgery*

**Body Contouring Questionnaire**

You are considering an elective, cosmetic procedure. Our goal is that you achieve your best and safest possible result. Please help us ensure your expectations are realistic by answering the following questions.

1. What area or areas of your body contour concern you most?
2. Why do you want this operation and what results do you expect?
3. Do you have the support of your family?
4. What is your occupation?
5. If married, what is your spouse's occupation?
6. Do you realize any operation, including this one, has the potential for complications or poor results?
7. Do you realize what we can accomplish surgically, in many cases, may be limited by your present body size, shape, and appearance?
8. Do you realize that you may get an unsatisfactory result or have a complication?
9. Please list: Height \_\_\_\_\_ Weight \_\_\_\_\_.
10. Are you currently losing weight or planning to continue to lose weight?
11. If you have lost weight, how many pounds have you lost? \_\_\_\_\_
12. Do you have any specific comments or is there anything I should know about you?
13. Do you have a history of abnormal bleeding?
14. How long have you thought about this operation?

I understand the above questions and my answers are completely honest to the best of my knowledge.

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Patient Signature

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Date

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