

L. Dwight Baker, M.D.
Dothan Plastic Surgery

Breast Enhancement 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. Why do you want this operation and what results do you expect?
2. Do you have the support of your family?
3. What is your occupation?
4. If married, what is your spouses occupation?
5. Do you realize any operation, including this one, has the potential for complications or poor results?
6. Do you realize what we can do surgically, in many cases, is limited by the current size, shape, and appearance of your breasts?
7. Do you realize that you may get an unsatisfactory result or have a complication?
8. Please list: Height_____ Weight_____ Present bra size_____ size you would like to achieve if possible_____.
9. Do you have any specific comments or is there anything I should know about you?
10. Do you have a family history of breast cancer?
11. Do you have a history of abnormal bleeding?
12. 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.

Patient Signature

Date

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