

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

Facial Rejuvenation 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 spouse's 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 accomplish surgically, in many cases, may be limited?
7. Do you realize that you may get an unsatisfactory result or have a complication?
8. What areas of your facial appearance would you most like to improve?
9. Do you have any specific comments or is there anything I should know about you?
10. Do you have a history of abnormal bleeding?
11. 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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