

If it becomes necessary to contact you by telephone, do we have permission to leave a message on your answering machine for appointment reminders? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not home and somebody answers this call whom may we leave a message with?  
\_\_\_\_\_

What is the best time to reach you? \_\_\_\_\_

Where do you prefer to receive calls?

Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Pager \_\_\_\_\_

What improvements are you seeking?  
\_\_\_\_\_

What did you see, hear or feel that brings you to seek information at this time?  
\_\_\_\_\_

Have you discussed this with your? Spouse ( ) Family ( ) Friends ( )  
If so, their opinion was: Supportive ( ) Uncommitted ( ) Against It ( )

Have you had a prior consultation with another doctor? Yes ( ) No ( )

Have you had any other cosmetic surgery procedures? Yes ( ) No ( )

If Yes, please list: \_\_\_\_\_

What (if any) are your concerns about this procedure? \_\_\_\_\_

When are you planning to have your procedure done? \_\_\_\_\_

How will you pay for the services rendered? Cash ( ) M/C ( ) Visa ( ) Financing ( )

Do you have medical insurance? Yes ( ) No ( )

If Yes: PPO ( ) HMO ( ) Other \_\_\_\_\_

**This information is accurate and true to the best of my knowledge.**

Signature \_\_\_\_\_

Date \_\_\_\_\_