

Facial Plastic Surgery- Keith A. LaFerriere, MD
Consultation and Medical Questionnaire

PATIENT INFORMATION

(Please print all information)

Today's Date _____

Name _____ Email _____

Home Address: _____ Phone Number: _____

Date of Birth: _____ Age: _____ Sex: M F Marital Status: S M D W

How were you referred to us? _____ Ages of Children _____

Which surgical procedure(s) are you interested in? (Please circle)

Face Lift Eyelids Skin Resurfacing Rhinoplasty (nose)

Otoplasty (protruding ears) Other _____

What specifically do you not like about the above condition? _____

When did you first begin to consider surgical correction? _____

Why have you decided to have it done at this point in time? _____

Have you consulted any other doctor about this? (When?) _____

Have you discussed this surgery with your family? YES NO Are they agreeable? _____

Have you had any previous cosmetic surgery? YES NO When, and what if any _____

Who performed the surgery? _____ Where? _____

Were you satisfied with the results? YES NO If not, why? _____

Circle Appropriate Answer:

NO YES Are you considered a "sickly" person?

NO YES Are you frequently sick or ill?

NO YES Do you worry about your health?

NO YES Have you ever been treated for substance abuse? Explain _____

NO YES Do you often get depressed?

NO YES Do strange places or people make you afraid?

NO YES Do you usually feel unhappy or depressed?

NO YES Does criticism always upset you?

NO YES Do you wish you always had someone to advise you?

NO YES Are you considered a nervous person?

NO YES Have you ever had a "nervous breakdown"?

NO YES Have you ever received medical treatment for a nervous condition?

NO YES Are you easily upset or irritated?

NO YES Are you constantly "keyed up" and "jittery"?

NO YES Do you tend to hold a grudge when someone angers you?

NO YES Have you ever considered consulting a psychiatrist or psychologist?

NO YES Do you have any other medical problems that have not been covered?

Explain _____

Signed _____ Today's Date _____