

# Cosmetic Consultation Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us?

Physician (name)

Website (name)

Friend / Family (name)

Magazine (name)

What physical areas are you considering for cosmetic treatment?

Nose

Eyebrow / Forehead

Chin

Face / Neck

Lips

Other

Eyes / Eyelid

Cheeks / Midface

What characteristics of the area would you like to improve?

Wrinkles

Volume

Asymmetry

Color / Pigmentation

Too Prominent

More youthful

Fat

Not prominent enough

Uncertain / Other

How long have you been considering cosmetic treatment?

Less than 1 year

More than 1 year

Other

Have you had previous cosmetic treatments?

Non surgical - Botox, Fillers, Laser, Skin Care, etc

No  Yes

Plastic Surgery

No  Yes

If Yes, what procedure and when?

Any previous cosmetic consultations?  No  Yes

Time frame for treatment?  As soon as possible  1-3 months from now  Other

Is there an upcoming occasion or date you are working with?  No  Yes

**My Top Question:** Dr. Chaboki wants to provide you with everything you need to make an informed decision about cosmetic procedures. You are unique and we will make every effort to meet your needs. Please feel free to ask him anything.

**Houtan Chaboki, MD**  
Facial Plastic and Reconstructive Surgeon  
[www.potomacplasticsurgery.com](http://www.potomacplasticsurgery.com)

2021 K Street, NW, Suite 206  
Washington, DC 20006  
202.741.3409

*Specializing in rhinoplasty (nose job surgery), face lift, neck lift, blepharoplasty (eyelid surgery), brow lift, Botox, facial fillers, and skin care for Washington DC, Maryland, and northern Virginia.*

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