

# Cosmetic Consultation

How did you hear about us?

- Physician (name) \_\_\_\_\_  Website (name) \_\_\_\_\_  
 Friend / Family (name) \_\_\_\_\_  Other \_\_\_\_\_

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 Refreshed  
 Fat  Too Small  Uncertain / Other

Which would you prefer?

- Gradual, subtle change  Quick, dramatic change  Uncertain / Other

How long have you been considering cosmetic treatment?

- Less than 1 year  More than 1 year  Other

How much time do you usually spend thinking about how you look? (Add up all the time per day)

- Less than 1 hour a day  1-3 hours a day  More than 3 hours a day

Are you worried about how you look?  No  Yes

Have you had previously cosmetic consultations?  No  Yes

Time frame for treatment?  Soon  1-3 months  Other

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

Have you have previous cosmetic treatments?

- Non-surgical – Botox, Fillers, Lasers, etc  No  Yes  
Plastic Surgery  No  Yes

**My Top Question:** You are unique and we will make every effort to meet your needs. Please feel free to ask us anything.



2311 M Street, N.W. Suite 501  
Washington, DC 20037  
(202) 800-2085

[potomacplasticsurgery.com](http://potomacplasticsurgery.com)

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