



Ditesheim COSMETIC SURGERY

Beyond the Before & After

Thank you for visiting with us today. Our desire is to make the time you spend with us productive and informative. We believe that a successful experience begins with our understanding your expectations and what we can do to help you. Our goal is to ensure that your entire experience is the best, from your pre-operative teaching through your recovery, to your desired results.

Name: _____

1. What is your frustration and what procedure(s) are you interested in having?

2. Why have you decided to have cosmetic procedures at this time in your life? (circle all that apply)

- | | |
|-----------------------------|--|
| Financially I can do it now | Finished my family |
| Feel I am getting older | Big occasion (reunion or anniversary) |
| Reaching a big birthday | I am on my own (divorced or separated) |

Other: _____

3. When would you like to have your procedure:

asap___ this month ___ in the next few months ___ this year ___ in the future

4. Are you interested in any other cosmetic procedures?(circle all that apply)

- Breast Augmentation, Liposuction, Tummy Tuck, Breast Reduction/Lift, Facelift, Nose reshaping, Eyelid or Brow lift

Other: _____

5. Are you interested in any other non surgical procedures? (circle all that apply)

- Skin care treatments, Skin care products, Botox, Dysport, Dermal Fillers ie: Perlane, Juvederm

***** As a thank you for visiting with us today you are entitled to a complimentary skin care assessment. *****

6. Have you ever had a cosmetic procedure? _____ If so what was the procedure? _____

Was it a positive experience? _____

7. Did you go to www.empowermd.com? yes no

What was your reason for going to the website? (circle all that apply)

Check out the doctor's credentials

See before/after results

Listen to testimonials

Find out about a certain procedure

Get directions to the practice

How could the website have helped you more? _____

8. What are your fears or anxieties about having a procedure? (circle all that apply)

I will look too different

I won't be able to hide the scars

The recovery will be too painful

It will cost more than I can afford

I have No one to take care of me

My spouse/partner is not supportive

Other: _____

9. Are there any limitations in helping you? (circle all that apply)

I need a short recovery

My budget is limited

I have health issues that may be a concern

I am alone and need help in recovery

Other: _____

Please write down any specific questions you want to ask at the consultation?

1 _____

2 _____

3 _____

4 _____