KALOS

New Patient Consultation and Medical Questionnaire

Today's Date: _____

Name: _____ Date of Birth:_____Age: _____

(*Circle one*) Mrs. Miss Ms. Mr. Dr. Social Security #:_____/_____/_____

Name you prefer to be called_____Marital Status | S | M | D | W | Children's ages: _____

Occupation_____Email address:_____

May we contact you by email? Yes No

Home telephone: (_____)_____**Business telephone:** (_____)_____

Cell Phone (____)_____

Home Address: _____

City:_____ State: _____ Zip: _____

Business Address: _____

City:_____ State: _____ Zip: _____

Referred By: *(check the appropriate response)*

□ Doctor (name:_____) □ Attended a lecture □ Internet
□ Friend (name:_____) □ Telephone Yellow Pages □ Magazine
□ Family (name:_____) □ Other_____

Check the areas you would like to discuss:

□ Nose	□ Chin Implant	□ Brow/Forehead Lift	□ Protruding Ears	□ Botox
□ Face/Neck Lift	□ Liposuction	□ Chemical Peel/Laser	□ Moles, Cysts, etc.	□ Filler
□ Eyelids	□ Scar Revision	□ Dermabrasion	□ Other_____	

When did you begin to consider surgical correction? _____
What specifically would you like to have corrected? _____
Have you consulted another doctor about this? □No □Yes (Whom?)_____
Have you discussed this surgery with your family? □No □Yes Are they agreeable? □No □Yes
Are they willing to help you during recovery? □No □Yes
Has anyone in your family or a close friend had cosmetic or reconstructive surgery? □No □Yes
What was done and by whom? _____

LIST ALL OPERATIONS YOU HAVE HAD, INCLUDING COSMETIC SURGERY?

Operation	Year	Doctor	City

Were there any complications? □No □Yes _____

Did you have a normal recovery? □No □Yes

Were you satisfied with the results? □No □Yes (explain)_____

Have you had an injury, to the face, nose, neck, or eyes? □No □Yes
When?_____If so, describe:_____

_____

Have you been advised to have a surgical procedure that has not yet been performed? □No □Yes
Is having surgery your idea or someone else's idea? _____
Have you read articles in newspapers, magazines, or books about cosmetic surgery? □No □Yes
(list publications)_____
Do you understand that the goal of any cosmetic surgery is **improvement** in appearance, not perfection? □No □Yes

CHECK BELOW THE REASONS WHY YOU DESIRE SURGERY:

□ To improve my appearance
□ To improve function
□ To give perfection to my looks
□ To help me look better for my age
□ To give me a psychological uplift
□ To help obtain or keep a job
□ To please or impress others
□ To achieve certain career goals
□ Because I look tired
□ To help solve personal problems
□ To eliminate self-consciousness about my appearance
□ Because people tease me or make derogatory remarks
□ To make me look masculine or feminine
□ My looks prevent achievement of certain goals
□ To improve my relations with the opposite sex
□ To cause other people to react better to me
□ Because of a family resemblance I dislike
□ Have an inferiority complex about my appearance
□ My looks prevent achievement of certain goals

_____

Indicate if any member of YOUR FAMILY has had trouble with:

	RELATIVE	RELATIONSHIP
Diabetes	□No □Yes	_____
Heart Trouble	□No □Yes	_____
High blood pressure	□No □Yes	_____
Excessive scarring	□No □Yes	_____
Cancer, including skin cancer	□No □Yes	_____