



# 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?**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Financially I can do it now | <input type="checkbox"/> Finished my family                     |
| <input type="checkbox"/> Feel I am getting older     | <input type="checkbox"/> Big occasion (reunion or anniversary)  |
| <input type="checkbox"/> Reaching a big birthday     | <input type="checkbox"/> 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  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  Derma  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](http://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. \_\_\_\_\_