

The Peer Group Plastic Surgery Center

Consultation Questionnaire

In order to best accommodate your needs and answer all of your questions, we ask that you take the time to complete this questionnaire. Your input will assist the physician and our staff to customize a surgical plan for you.

Name: _____

I learned about you from: _____

Is this your first visit to a Plastic Surgeon? : _____

My cosmetic surgery goals are:

My time frame for surgery is:

As soon as possible

1 to 3 months from now

3 to 6 months from now

6 to 12 months from now

Just need information

Comments: _____

Health or personal factors that may affect my surgery:

Other Comments:

Date: _____