



## PLASTIC AND COSMETIC PROCEDURE QUESTIONNAIRE

Name: \_\_\_\_\_

Please answer each of the following:

# Performed		# Assisted	
Past Year	Next Year	Past Year	Next Year

Autologous Fat Injection	_____	_____	_____	_____
Blepharoplasty (cosmetic)	_____	_____	_____	_____
Botox injections	_____	_____	_____	_____

If YES, location where performed, by whom & what procedure/purpose?

Breast Reduction	_____	_____	_____	_____
Breast Enhancement - Silicone	_____	_____	_____	_____
Breast Enhancement - Saline	_____	_____	_____	_____
Breast Enhancement – Trans-Umbilical	_____	_____	_____	_____
Chemical Peels	_____	_____	_____	_____
Collagen Injections	_____	_____	_____	_____
Coronal Lift	_____	_____	_____	_____
Dermabrasion or Micro-Dermabrasion	_____	_____	_____	_____
Facelifts (types)	_____	_____	_____	_____

Hair transplants or suturing of hair pieces	_____	_____	_____	_____
Injection treatment of varicose veins	_____	_____	_____	_____
Laser Therapy (explain)	_____	_____	_____	_____

Laser Vaginal Rejuvenation (This includes cosmetic and/or plastic surgery procedures performed on the vagina and associated structures. This includes, but is not limited to, vaginoplasty, labiaplasty, laser And non laser rejuvenation procedures)

Liposuction – under 3500 cc's	_____	_____	_____	_____
Liposuction – 3500 cc's or more	_____	_____	_____	_____
Mesotherapy	_____	_____	_____	_____
Phalloplasty (including transecting the suspensory ligament of the penis and/or subcutaneous fat injection)	_____	_____	_____	_____
Restalyn Injections	_____	_____	_____	_____
Rhinoplasty	_____	_____	_____	_____
Silicone implants (types & where)	_____	_____	_____	_____

Silicone injections	_____	_____	_____	_____
Treatment of Varicose or Spider Veins	_____	_____	_____	_____

If YES, what type of treatment?

Other (specify below)	_____	_____	_____	_____
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_