SURGERY SCHEDULING QUESTIONNAIRE

Avante Plastic Surgery

To help us understand your needs and time preferences for your surgery, please provide us with the following information.

What is your time preference for your procedure?

First Choice: Month: _____ Date(s): _____

Second Choice: Month: _____ Date(s): _____

To serve you best, please complete the following short consultation questionnaire. Below are the issues and concerns most frequently shared with us by prospective patients. It may also be that one or more are your concerns.

Concern	None		Minor		Major
	1	2	3	4	5
I'm afraid. The idea of having surgery and/or anesthesia scares me.	○	○	○	○	○
What will I look like? Will I be happy with the results?	○	○	○	○	○
How long before I can return to social activities, work, or exercise?	○	○	○	○	○
Will the surgery be painful?	○	○	○	○	○
Board certification of surgeon	○	○	○	○	○
Can I afford what I want?	○	○	○	○	○

Would you be interested in financing this procedure? ○ Yes ○ No

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