R. Graham Boyce, M.D., F.A.C.S.

Facial Plastic Surgery

MY CONSULTATION GOALS

Name: _____ **Date:** _____

Date of Birth: _____

How did you hear about us?

_____

1) Please list the concerns that you want to address during your consultation:

1) _____

2) _____

3) _____

2) What adjective(s) best describe your face now? *(check one or more)*

For example: rested, youthful, fresh *OR* tired, angry, sad, droopy, wrinkly

☐ **FACE** ☐ **EYES** ☐ **NOSE** ☐ **NECK:** _____

3) Do you want surgical or Non-Surgical treatment options? *(please check that which applies)*

☐ Surgical ☐ Non-Surgical

4) GOALS: What would you like to see when you look in the mirror in order to be happy after surgery?

_____

5) What non-surgical skin concerns do you have? *(please check those that apply)*

☐ Wrinkles ☐ Pores ☐ Texture ☐ Brown Pigmentation
☐ Dark Circles ☐ Red Vessels ☐ Other

6) What non-surgical treatments have you had? *(please check those that apply)*

☐ Botox ☐ Filler (Restrylane/Juvederm/etc) ☐ Laser Tightening
☐ Ultherapy ☐ Laser Resurfacing ☐ Other: _____

7) What non-surgical treatments would you be interested in having? *(please check those that apply)*

☐ Botox ☐ Filler (Restrylane/Juvederm/etc) ☐ Laser Hair Removal
☐ Laser tightening ☐ Laser Resurfacing ☐ Ultherapy
☐ Other: _____

7) Are you interested in skin care information?

_____

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