

## 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What will I look like? Will I be happy with the results?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How long before I can return to social activities, work, or exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will the surgery be painful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Board certification of surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can I afford what I want?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you be interested in financing this procedure?	<input type="radio"/> Yes		<input type="radio"/> No		