

ROBERT T. GRANT MD, MCs, FACS

CERTIFIED AMERICAN BOARD OF PLASTIC SURGERY

SURGEON-IN-CHIEF

NEW YORK-PRESBYTERIAN HOSPITAL/COLUMBIA UNIVERSITY MEDICAL CENTER AND

NEW YORK-PRESBYTERIAN HOSPITAL/WEILL CORNELL MEDICAL CENTER

Patient Name:

Date :

What is your reason for your visit today?

Other than the services we have already provided for you, what additional services would you like to learn about? Please check all that apply

<input type="checkbox"/> Breast size	<input type="checkbox"/> Nose size or shape	<input type="checkbox"/> Injectable Treatments (Botox)
<input type="checkbox"/> Abdominal area	<input type="checkbox"/> Drooping brow	<input type="checkbox"/> Juvederm/Restylane/Radiesse
<input type="checkbox"/> Hips	<input type="checkbox"/> Drooping eyelids	<input type="checkbox"/> Facial fine lines/wrinkles
<input type="checkbox"/> Legs	<input type="checkbox"/> Mole removal	<input type="checkbox"/> Thin lips
<input type="checkbox"/> Facial Contouring	<input type="checkbox"/> Scar revision	<input type="checkbox"/> Length/Fullness of Eyelashes
<input type="checkbox"/> Body Contouring	<input type="checkbox"/> Neck wrinkles	<input type="checkbox"/> Facial fullness/drooping
<input type="checkbox"/>		

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number.

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age.

<i>Younger Than</i>		<i>True Age</i>		<i>Older Than</i>
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

<i>Not Concerned</i>		<i>Somewhat Concerned</i>		<i>Very Concerned</i>
1	2	3	4	5

How did you hear about us?

<input type="checkbox"/> My physician	<i>Full name:</i>
<input type="checkbox"/> A friend or family member	<i>Name:</i>
<input type="checkbox"/> Dr Grant's web site	<i>Specify Ad:</i>
<input type="checkbox"/> The hospital web site	<i>Name:</i>
<input type="checkbox"/> Web search	
<input type="checkbox"/> Newspaper or magazine article	
<input type="checkbox"/> Seminar	<i>Date/location:</i>
<input type="checkbox"/> Other	

<input type="checkbox"/> Approval to contact you.	<i>Best phone number to reach you:</i>
<input type="checkbox"/> Approval to add you to our e-newsletter list (including special offers)	<i>Email address:</i>
<input type="checkbox"/> I'm not interested in any additional services provided at this time	