

# Breast Surgery Consultation Questionnaire

Doctor name: \_\_\_\_\_ Consult date: \_\_\_\_\_

## EXPERIENCE QUESTIONS

- What board certification(s) do you hold? \_\_\_\_\_
- How many years have you been performing cosmetic surgery? \_\_\_\_\_
- How many times have you performed this breast procedure? \_\_\_\_\_

## SAFETY QUESTIONS

- Will my operation be performed in an accredited surgery center? YES  NO
- Where do you hold hospital privileges? \_\_\_\_\_
- Who will administer my anesthesia? \_\_\_\_\_

## PROCEDURE QUESTIONS

- What incision plan do you recommend for me and why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How will you customize my breast surgery for my anatomy?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Can you show me results you have achieved for patients who had similar concerns and anatomy?  
(Make notes on the results here.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How have you helped past patients who have had complications?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

