



Patient Questionnaire

So we can get to know you better please take a minute to answer a few questions!

1. What is most important to you in a physician?
 - Beside Manners/ a well like Doctor
 - Years of Experience
 - Credentials
 - All of the Above

2. Is this your first visit with a physician's office regarding your concerns?
 - Yes
 - No, what other physician have you seen? _____

3. What made you consider taking the next step?
 - A new relationship
 - Special event coming up
 - A new career
 - For your own self-confidence
 - Other: _____

4. When did you start to notice signs of facial aging/changing?
 - Less than 1 year
 - 1-3 years
 - 3-5 years
 - 5 or more years

5. Please specify the areas you would like to address.
 - Eyes
 - Lines/Wrinkles
 - Deep lines around nose/mouth
 - Jaw Line
 -
 - Other _____

6. Of the following which one are you looking forward to the most?
 - Increase in self-confidence
 - Looking Better/Younger
 - All of the above
 - Other _____

7. Who is supporting you on your decision?

- Family
- Spouse/Children
- Friends
- Co-worker
- All of the above
- Other _____

8. If you choose to go forward with your procedure, what is your time frame?

- Immediately
- Within in this month
- In the next 3 months
- Sometime in the next year

9. Would you be interested in hearing about our financing options?

- Yes
- No

10. How did you hear about our office?

- Magazine Ad's
- Family Member
- Friend
- A patient of Dr. Florea's
- A Physician, if so who _____
- Other _____

Thank you for taking the time on letting us know you better!!

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