

ROBERT J. SPIES, MD, FACS
Aesthetic Plastic Surgery

PRE-CONSULTATION

Name: _____

Date: _____

Family Physician or Internist: _____

Referred By:

- ☐ A Doctor, Name: _____
- ☐ A Patient, Name: _____
- ☐ Social Media: (please circle) Instagram or Facebook
- ☐ Internet search: (please circle) Google.com or Realself.com
- ☐ Breast Implant Illness Facebook page or Website
- ☐ American Society of Aesthetic Plastic Surgery (ASAPS)
- ☐ American Society of Plastic Surgeons (ASPS)
- ☐ Other: _____

1. Briefly state why you are seeking Plastic Surgery consultation: _____

2. Do you have any specific concerns about any contemplated operation?

3. Have you talked with any other Doctor about this surgery? ☐ No

☐ Yes, Physician: _____

4. Have you ever been treated by a Plastic Surgeon for any condition? ☐ No

☐ Yes, Year of surgery _____ Surgeon: _____

Type of procedure: _____