



DR. ROBERT HOUSER
COSMETIC & PLASTIC SURGERY
OF COLUMBUS, INC

495 Cooper Road, Suite 217 · Westerville, OH 43081

Phone: 614.890.5565 · Facsimile: 614.890.5561

Diplomat, American Board of Plastic Surgery

Member, American Society of Plastic Surgeons

www.Drroberthouser.com

Facial Rejuvenation Questionnaire

Date: _____

Patient Name: _____

1. What facial changes or improvements are you considering?

2. Have you ever had any previous facial cosmetic surgery (including laser)? Y / N

If yes, please explain. _____

3. Do you have any skin sensitivities? Y / N

If so, please specify. _____

4. Do you sunburn easily? Y / N

5. Do you have a bleeding tendency? Y / N

6. Do you bruise easily? Y / N

7. Do you smoke? Y / N

If yes, how much/how often? _____

8. Do you get dry eyes? Y / N

9. Do you get cold sores? Y / N

10. Are you currently taking any medication? Y / N

If so, please list: _____

11. Have you ever taken Acutane? Y / N

12. Have you had Botox injections? Y / N

If so, when was the last? _____

13. Have you had Collagen injections? Y / N

If so, when was the last? _____