**Dr. Kenneth A. Godwin, DO**
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# Cosmetic Consultation  Welcome to Godwin Plastic Surgery

Patient Name: _____  Date: _____

## 1. What Brings You In

Area(s) of concern or procedure(s) you're interested in exploring:

_____

How familiar are you with this procedure?

☐ I've researched it extensively ☐ I know the basics ☐ Just starting to look into it

## 2. Your Goals

On a scale of 1 to 5, how would you describe the outcome you're hoping for?

**1** Subtle, natural-looking change  **5** Significant, noticeable change

**☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5**

What's motivating you to consider this now? (check all that apply)

☐ Personal choice / wanting to feel more confident

☐ An upcoming event or milestone

☐ A health or functional reason

☐ A recommendation from a friend, family member, or another physician

☐ Other: _____

In your own words, what are you hoping to achieve?

_____

_____

## 3. A Bit About You

Is this decision entirely your own, or influenced by others?

**☐ My own decision ☐ Encouraged by someone else ☐ A bit of both**

Have you experienced any major life changes or increased stress in the past six months? **☐ Yes ☐ No**

*(Optional — this simply helps us make sure the timing feels right for you. Feel free to leave blank.)*

## 4. Anything Else?

Is there anything else you'd like Dr. Godwin to know before your consultation?

_____

_____

We sincerely appreciate the opportunity to care for you. Thank you for placing your trust in us—we are committed to providing exceptional care and the best possible outcome.