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## Rhinoplasty Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Are you interested in:     Surgical Rhinoplasty         Non-Surgical Modifications         Either

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**On a scale from 1- 10, how happy are you with your current nasal appearance?**

*10 being the happiest:*     1    2    3    4    5    6    7    8    9    10

**On a scale from 1- 10, how happy are you with your current facial appearance?**

*10 being the happiest:*     1    2    3    4    5    6    7    8    9    10

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**In order of importance, what would you like to modify about your nose?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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**Which view concerns you the most?**     Profile         Frontal         ¾ View

**Please list the trait(s) you like about your nose:** \_\_\_\_\_

**Are you breathing well through your nose?** \_\_\_\_\_

**Have you had previous nasal surgeries?**     NO     YES    If yes, when? \_\_\_\_\_

**Have you had previous consultations about your nose?**     NO     YES    If yes, when? \_\_\_\_\_

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**Timeframe for surgery:**     As soon as possible         1-3 months from now  
    Just need information         Other \_\_\_\_\_

**Are you working with a specific budget?**     NO     YES    If yes, how much? \_\_\_\_\_

**Would you like to discuss financing options?**     NO     YES