



**Wellesley
Cosmetic
Surgery**

Initial Learning Assessment

Issued 06/04 Dates of Review MM/YY _____

Your Name _____ Date _____

During your visit with the doctor you will be presented with information that may be new to you. To aid in providing the best care possible please answer the following questions. Then return this form to the front desk. Thank you.

How do you like to learn new things?

- Reading Discussion

Check Yes or No on these factors that can affect learning:

Yes No Do you speak English in your home?

If no, what languages do you speak? _____

Yes No Can you read English? Name of interpreter _____

Yes No Can you write English?

Yes No Do you hear well? If no, do you utilize a hearing device? Yes No

Yes No Do you see well? If no, do you utilize glasses or contacts? Yes No

Yes No Do you have any cultural or religious practice/beliefs that may affect your care or treatment?

If yes, explain _____

Comments _____

Certified by the American
Board of Plastic Surgery

Facility accredited by the Joint
Commission on Accreditation
of Healthcare Organizations