BODY SURGERY HISTORY

Name:_____ Date:_____

What is the reason for your visit today?

_____

What in particular about your body concerns you at this time?

_____

Is there a family history of this particular condition?_____

Are you familiar with the surgical procedure you wish to discuss?_____

Have you had previous cosmetic surgery?_____If so, what and when?

_____

Age:_____ Height:_____ Weight_____

Please describe weight changes you have experienced in the last year or two:

_____

_____

Do you have a regular exercise program?_____ If so, please describe:

_____

How would you consider your general health?_____

How would you consider your skin elasticity and tone quality?

_____

Do you have any current skin ailments or concerns? _____

_____

Have you ever had difficulty with large scars or keloids?_____

Is there anything in particular I need to know about your health?

_____

Current Medications:_____

Have you seen another doctor for treatment of this condition?_____
If so, who and when?_____

FOR FEMALE PATIENTS ONLY:

What age did you begin to menstruate?_____ Are your periods regular?_____
How many times have you been pregnant?_____ How many children?_____
Ages:_____ Did you have a Cesarean Section?_____
Do you anticipate future pregnancies?_____