

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? _____