

Downsize Liposuction

PATIENT MEDICAL HISTORY FORM

Last Name:				First N	vame:_				Sex: F M	
Address:			City			-		te_Zip		
Home Phone			Cellula		Email	02.4				
Birthdate	Age:		Height Wei		ight	Wais	tPan	Size_	Shirt Size	
Person to Contact in	Case o	f Emer	gency and Telepi	hone Nu	mber					
Family Physician						Phone:				
Occupation:						11.00.00				
Please answer the fol	lowin	g by Ci	rcling YES or NO:							
High Blood Pressure:	YES	NO	Skin I	isease:	YES	NO				
Bleeding Disorder:	YES	NO	Thyroid I	disease:	YES	NO				
Anemia:	YES	NO	Lung I	lisease:	YES	NO				
Liver Disease:	YES	NO	The second secon	culosis:	YES	NO				
Heart Disease:	YES	NO	He	patitis:		NO				
Psychiatric illness:		507.91		abetes:	YES	NO				
HIV:		NO	Shortness of		the second second	0.07943				
Herpes I or II:	77,000	NO	Keloid S							
Blood Clots:		NO	Kidney I			1000				
History of Seizure	COLUMN TO	NO	Dizziness or F			NO				
Asthma	1000	NO	Vascular l			NO				
Hernia/Umbilical:I ci	0000000	Control of					40			
Have you ever had Lipos) or man		onth/Year				
Have you had Gastric Dy				eighi Lio			Month and W	ur -		
Have you ever lost over							Month and Ye			
Please list any other me						- 1.74				
of:										
Have you ever had an Hi					-		Results			
Have you recently been		tie care	of a physician for a	ny reason	0.5	NO.				
If "YES" please explain:		to the same	u be pregnant? YE	com to		turned thereto	40000000			
			eastfeeding: YES/		ne tuttitis	TITUM PAUM	Mr. A. A.			
MEDICATION:	mini jest i	Acies or	emirrocanning. TE-95.	(MA)						
Please list medications	you cur	cently t	ake, including appe	titu suup	eessant	s, vitamin	s, herbal supr	dements	, or any	
homeopathic medicatio		Ome Obs	Part of the state	- municipal	Scine will	STATEMENT	and the second		Oliver Service	
Have you taken Accuran										
Do you have any ALLER	GIES #	nd/or SE	NSITIVITIES? (Plea	ise indica	the by Ki	reling VES	ur NO):			
on national state of the state		WALLEY OF		e sere a anti-	110 420 500	anarite har	HH LING			
Penicillin: YES NO	3-5-C029	pirin.					caine: YES !	NO		
	Xyloca		YES NO Codeir							
Lates: YES NO Any Other:	Shellf	moc	YES NO Valis	m: Yi	Mar N	O.				
Clgarette Smoking:	yes	NO	How long since las	of more benefit	Thomas	Time				
Alcohol Use:			low much?	at the state	211010111	and a				
Do you take Vitamin E:				NO:						
Please list all previous s										
	-1117								Date	
									Date:	
Any complications or pr				love proc	edure:	YES	NO:			
Which body area/areas				-1100						
What are your expectati	ons for	Dosoo	tion?							
Signature:						Date:				



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Last Name:			_First N	larne:_		Sex: F M			
Address:				City		Sta	State Zip		
Home Phone		Cellul	Cellular			mail	-1.45		
Birthdate	Age	:Height	Wei	ght_	Waist	Pant Size	Shirt Size		
Person to Contact in	Case of Em	ergency and Telep	hone Nu	mber_	233311025	30/17/04/51/5			
Family Physician:					Phone:				
Occupation:									
Please answer the fol	lowing by	Circling YES or NO							
High Blood Pressure:	YES NO	Skin	Disease:	YES	NO				
Bleeding Disorder:	YES NO	Thyroid	Disease:	YES	NO				
Anemia:	YES NO	Lung	Disease:	YES	NO				
Liver Disease:	YES NO	Tube	Tuberculosis:		NO				
Heart Disease:	YES NO	Hepatitis:		YES	NO.				
Psychiatric illness:	YES NO		iabetes:	YES	NO.				
HIV:	YES NO	Shortness of	Breath:	YES	NO				
Herpes I or II:	YES NO	Keloid 5	carring		NO				
Blood Clots:	YES NO		Disease:	YES	1000				
History of Seizure:	YES NO			YES					
	YES NO				NO				
Hernia/Umbilical:I cu									
Have you ever had Lipos			West Contract	- C44	onth/Year				
Have you had Gastric By			VeigIst Los			nth and Year			
Have you ever lost over						nth and Year			
Please list any other me	dical history	the doctor should be	anyare						
of:						-112		_	
Have you ever had an HI				3		esulra		_	
Have you recently been : If "YES" please explain:		re of a proyucian for	iny reuson	ii, 'A3	S NO				
		you be pregnant? YE	com La	e Mane	rocal therlad	9090			
		breastfeeding: YES				14/1/4			
MEDICATION:			44400						
Please list medications y	ou currently	y take, Including app	etite supp	essant	s, vitamins, b	erbal supplements	, or any		
homeopathic medication									
Have you taken Accutan				VE					
Do you have any ALLEIN	SIES and/or	SENSITIVITIES? (Ple	ase Indica	te by ci	rrling YES or	NO)			
Sectoffice were were	Weightlin	age: No. 164	Manager W	renar:	NAME OF TAXABLE PARTY.	A CONTRACTOR			
Ponicillin: YES NO Sulfa: YES NO	Asptrin: Nylocaine:	YES NO Lide YES NO Code:		ES N	277	ne: YES NO			
Laten: YES NO	Shellfish:	YES NO Vali			0				
Any Other	Selection to the selection of the select	Constitution Constitution			**				
Cigarette Smoking:	YES NO	How long since la	st use and	how m	any?				
Alcohol Use:		THE RESERVE OF THE PARTY OF THE							
Do you take Vitamin E	YES NO	Drug Use: VE	NO.						
Please list all previous s	urgeries, as	well as cosmetic							
manne Cemner	-0m-200	2012 + 1 + 4 4 4					Date		
		CONTRACTOR AND CONTRACTOR		100	191.00	NAME OF TAXABLE PARTY.	Date		
Any complications or pr			powe brace	edure:	VES	NO:			
Which body area/areas v								_	
What are your expectati	ons for lipes	oction!							

Signature:					Drate:				