



Name *

Gender *

Date of Birth *

Email *

Phone *

Address *

Height *

Weight *

Preferred Surgical Date

Travel Date (from)

Travel Date (To)

Are you Traveling with Someone?

Travel Partners Name

FAMILY HISTORY

Family Heart Disease? * YES NO

Family Diabetes? * YES NO

Family Hypertension? * YES NO

Family Asthma? * YES NO

Family Cancer? * YES NO

PERSONAL HISTORY

Heart Disease * YES NO

If YES, Please Specify:

Diabetes * YES NO

If YES, Please Specify:

Hypertension *

YES

NO

If YES, Please Specify:

Deep Vein Thrombosis *

YES

NO

If YES, Please Specify:

Cardiovascular Accidents *

YES

NO

If YES, Please Specify:

Asthma *

YES

NO

If YES, Please Specify:

Bleeding Tendency *

YES

NO

If YES, Please Specify:

Hyperthyroidism *

YES

NO

If YES, Please Specify:

Hepatitis *

YES

NO

If YES, Please Specify:

HIV *

YES

NO

If YES, Please Specify:

Keloid Scarring *

YES

NO

If YES, Please Specify:

Cancer *

YES

NO

If YES, Please Specify:

Major Operation *

YES

NO

If YES, Please Specify:

Underlying Disease *

YES

NO

If YES, Please Specify:

Drug Allergies *

YES

NO

If YES, Please Specify:

Food Allergies *

YES

NO

If YES, Please Specify:

Ever treated for Depression *

YES

NO

If YES, Please Specify:

Other Medications & Dosage

List all medications you currently take

including dosage for each*

Current Vitamins, food/nutritional

supplements

Do you Smoke? *

YES

NO

If YES, Please Specify:

Do you Drink? *

YES

NO

If YES, Please Specify:

Birth Control? Please Specify

Are you Pregnant now ? * YES NO

Planning for more pregnancies? * YES NO

Age of Youngest Child _____

Last Breastfed - Month & Year _____

Surgery Procedure *

What results do you expect? : _____

(Please describe to the surgeon what you looking for)

For Breast implants

Desired Size Post Surgery * _____

Desired Outcome Post Surgery * _____

Placement * _____

Implant * _____

Desired Incision * _____

Previous Breast Augmentation? _____

Legal Agreement

Agreement

I hereby certify that the above statements are true and correct to the best of my knowledge.

Stay Informed?

Yes, please send me news, deals and promotions.

SIGN

Date signed _____