

New Patient Questionnaire

Welcome to our office. We are pleased to meet you and eager to show you how we will help you achieve your body shaping goal. But first we like to get to know you better - please take a moment to complete this questionnaire.

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Cell # _____

Home # _____ Work # _____

Name of Emergency Contact _____ Relationship _____

Phone # of Emergency Contact _____

Date of Birth _____ Age _____ Gender _____ Ethnicity _____

Occupation _____ Work Status: Full-time Part-time Stay at Home Retired

Material Status _____ # of Kids _____

Who should we thank for referring you to us _____

Medical History

We offer solutions to help obtain the body shaped you desire. Please tell us more about your individual medical history by answering the questions below:

Autoimmune Disorder	Yes	No	Hepatitis A,B and C	Yes	No
AIDS/HIV	Yes	No	Kidney Disease	Yes	No
Anemia	Yes	No	Liver Disease	Yes	No
Problems w/Bleeding	Yes	No	High Blood Pressure	Yes	No
Problems w/Bruising	Yes	No	Pacemaker	Yes	No
Acute Infestation	Yes	No	Thyroid Disease	Yes	No
Chemical Dependency	Yes	No	Stroke	Yes	No
Diabetes	Yes	No	Suicide Attempts	Yes	No
Epilepsy	Yes	No	Ulcers	Yes	No
Heart Disease	Yes	No	Hernia	Yes	No

Are you currently under medical treatment for any conditions? If yes, please list details below. Yes No

Do you have allergies to any medications, latex and/or tape? If yes, please list details below. Yes No

Are you currently taking any medications, vitamins, or herbal supplements? If yes, please list below. Yes No

Have you had any surgeries (including cosmetic) in the past? If yes, list type and date below. Yes No

Have you had any problems with general anesthesia? If yes, please list details below. Yes No

What is your tolerance for pain? Please select only one. Low Medium High

Do you smoke cigarettes? Yes No How frequently_____

Do you drink alcohol? Yes No How frequently_____

Do you use recreational drugs? Yes No Date of last period_____

Are you pregnant? Yes No How frequently_____

Do you plan to become pregnant? Yes No If yes, when?_____

I acknowledge that all questions are answered truthfully and that my answers are important to my medical care/outcome.

Patient Signature_____ Date_____

Medical Signature_____ **Date**_____

Medical Notes_____

YES – YOU CAN HAVE THE BODY YOU DESIRE! HELP US GET TO KNOW YOU BETTER BY ANSWERING THESE QUESTIONS.

Have you ever considered Liposuction?	Yes	No
Have you had any elective cosmetic procedures in the past?	Yes	No
Do you exercise at least one day per week at a gym?	Yes	No
Have you paid for a diet program in the past 2 years? (e.g. Jenny Craig)	Yes	No
Have you lost weight in the past and then gained your weight back?	Yes	No
How long have you been unhappy/wanted to change certain areas of your body?	_____	
Who is supporting you with the decision regarding Liposculpture?	_____	
What areas of your body are you interested in targeting? Please list areas.	_____	

TELL US ABOUT YOUR BODY SHAPING GOALS? PLEASE SELECT ALL OF THE ANSWERS THAT ARE APPLICABLE.

What factors are preventing you from being completely happy with your body?

- Genetics - it's how I was born.
- My body changed after having children and/or a c-section(s).
- I am injured and/or taking medication that causes weight gain.
- Menopause – my body has changed with age.
- I don't feel motivated and/or I don't have the time to diet/exercise.

How often do you think about changing specific areas of your body?

- Daily
- Weekly
- Monthly

Why do you want to change certain areas of your body?

- I feel unattractive.
- I am not able to fit into the clothes I want.
- I do not feel confident.
- I want to look good in a bathing suit or in the nude.
- My relationship with others and/or my marriage will improve.
- I have an upcoming event. Tell us what? _____

When I achieve my body shaping results, I will feel...

- Attractive
- Confident
- Happy
- Satisfied
- Healthier
- Like My Old Self

On a scale from 1 to 10 (10 being the highest) how ready are you to PERMANENTLY achieve your body shaping goals?

1 2 3 4 5 6 7 8 9 10

