



Personal information

Full Name: _____
Birth Day and Place: _____
Age: _____
Phone: _____

E-mail: _____
Marital status: _____
Occupation: _____
Person and number to be contacted
in case of emergency: _____



Medical Information/Questions

- Are there any medications/supplements you use regularly? If any, please specify.

Drug name: _____ Drug Dose: _____ for what purpose it is used: _____

- Do you have any allergies? Please specify _____

- Are you pregnant? Yes No

- Have you ever had a pregnancy or miscarriage? _____

- If any, specify your frequency of alcohol use. Never Occasionally Frequently

- Please specify your smoking, if any. Never Occasionally Frequently

Kaç senedir: _____ Günde kaç adet: _____



- Have you had any surgery before? (under local anesthesia or general anesthesia)

Yes No

If yes, please specify the reason and time of the surgery.



- Does anyone in your family have any chronic illnesses?

Hypertension

Diabetes (diabetes)

Please specify others: _____

Cancer

Heart disease

Anemia

Stroke (brain hemorrhage)



- Please tick if you have a history of personal illness.

Astım Yes No

Kalp hastalığı Yes No

Kanama Bozuklukları Yes No

Kanser Yes No

Hepatit Yes No

Tüberküloz Yes No

Göğüs ağrısı Yes No

HIV Yes No

Psikiyatrik Bozuklukları Yes No

Diyabet Yes No

Böbrek Sorunları Yes No

Gilt Hastalıkları Yes No

Specify Others, If Any _____



Instagram
 Facebook

Twitter
 Friend

Google
 Newspaper

Previous Visit
 Others



Surgical Treatment Information

Full Name - Date

Signature

Body and face image

- What part of your body do you complain about?

- Have you had any aesthetic procedures or surgeries before?

- What are your expectations and demands?

- Have you been examined by other doctors?

Doctor note

Sample image

Symmetry-asymmetry awareness _____

Planned surgery: _____

Recovery period _____

Estimated length of stay: _____

Pain sensitivity _____

Recovery information: _____

Scar information- Skin quality _____

Risk of weight gain and loss _____

Fee: _____

Fee Schedule: _____

Personal notes:

