ArtLipo
PLASTIC SURGERY

NEW PATIENT INTAKE

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____

Email: _____

Emergency Contact Name: _____ Phone #: _____

Allergies: _____

Occupation: _____

How did you hear about us? (Check all that apply)

- ☐ Internet Search What did you search for? _____
- ☐ Instagram
- ☐ Facebook
- ☐ RealSelf.com
- ☐ Patient Referral (name) _____
- ☐ Other: _____

What areas are you interested in treating? (Please check your primary areas)

Liposuction Areas

- ☐ Abdomen
- ☐ Arms
- ☐ Back
- ☐ Calves/Ankles/Knees
- ☐ Chest
- ☐ Chin/neck
- ☐ Hip/Waist
- ☐ Inner thigh
- ☐ Outer thigh
- ☐ Other (list below)

_____

Plastic Surgery Procedures

- ☐ Arm Lift/Brachio
- ☐ Breast Aug/Implants
- ☐ Breast Lift/Reduction
- ☐ Blepharoplasty
- ☐ Face/Neck Lift
- ☐ Gynecomastia/Male Breast
- ☐ Rhinoplasty
- ☐ Thigh Lift
- ☐ Tummy Tuck
- ☐ Other (list below)

_____

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What cosmetic procedures have you had done? (Check all that apply)

Liposuction Areas (date performed)

- ☐ Abdomen
- ☐ Arms
- ☐ Back
- ☐ Calves/Ankles
- ☐ Chest
- ☐ Chin/neck
- ☐ Hip/Waist
- ☐ Inner thigh
- ☐ Outer thigh
- ☐ Other (list below)

_____

Plastic Surgery Procedures (date performed)

- ☐ Arm Lift/Brachio
- ☐ Breast Aug/Implants
- ☐ Breast Lift/Reduction
- ☐ Blepharoplasty
- ☐ Face/Neck Lift
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- ☐ Rhinoplasty
- ☐ Thigh Lift
- ☐ Tummy Tuck
- ☐ Other (list below)

_____

Have you had Non Invasive fat reduction procedures (ie, CoolSculpting, sculpture etc.)
How long ago was it performed and what area? _____

Have you had large weight loss, if so how much did you lose and when? :_____

Do you have skin looseness in areas you want lipo done? Yes Or No (please circle one)

Do you have any major medical issues? (Check all that apply)

- ☐ High Blood Pressure
- ☐ Heart Disease
- ☐ Lung Disease
- ☐ Diabetes
- ☐ Autoimmune/Lupus/MS
- ☐ Cancer
- ☐ Bleeding disorder
- ☐ Hepatitis
- ☐ HIV
- ☐ Other

_____
_____

Are you a smoker? ☐ yes ☐ no ☐ quit (date)_____

Height_____ **Weight**_____