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BODY SURGERY HISTORY

Name: _____ Date: _____
(Last) (First) (M.I)

What is the reason for your visit today? _____

What in particular about your body concerns you at this time? _____

Is there a family history of this particular condition? _____

Are you familiar with the surgical procedure you wish to discuss? _____

Have you had previous Cosmetic Surgery? _____

If so, what and when? _____

Age: _____ Height: _____ Weight: _____

Please describe weight changes you have experienced in the last year or two:

Do you have a regular exercise program? _____

If so, please describe: _____

How would you consider your general health? _____

How would you consider your skin elasticity and tone quality? _____

Do you have any current skin ailments or concerns? _____

Have you ever had difficulty with large scars or keloids? _____

Is there anything in particular we need to know about your health? _____

Current Medications: _____

Have you seen another doctor for treatments of this condition? _____

If so, who and when: _____

FEMALE PATIENTS:

What age did you begin to menstruate? _____ Are your periods regular? _____

How many times have you been pregnant? _____ How many children? _____

Ages: _____ Did you have a Cesarean Section? _____

Do you anticipate future pregnancies? _____

Thank you