Kaiser Permanente -- Santa Rosa

Plastic Surgery Department 401 Bicentennial Way, MOB West 220

(707) 571-4090

Cosmetic Services Department 3333 Mendocino Avenue, Suite 130 (707) 566-5288 Page 1 of 4

Date	_//							
Name				N	<i>l</i> ledical R	edical Record #		
Age	, -							
·	ftin							
Current Weig	htlbs.	Heaviest	lbs.	Lightest	lbs.	Preferred_	lbs.	
Pregnancies	Yes No	how many		_			<u></u>	
Where	celoids or severe		/ No					
Please list AL	L medical probl	ems:						
Please list AL	L medications. (List Medication	, Dose, &	Frequency):				
herbal medicir St. John's Wo	r have you ever nes, botanicals, rt, or valerian? No If yes, pleas	etc., including e (All herbal med	echinacea	ephedra (mah	nuang), ga	arlic, ginko, gin	seng, kava,	
Have you ever	r taken cortisone	e or steroids?	Yes/	No Wha	it, When,	How, Why and	How Long?	
Have you ever	taken any type	of hormones, i	ncluding b	irth control? V	Vhat, Whe	en, Why and H	ow Long?	
Please list AL	L previous surg	eries, dates, su	rgeon, ho	spital, anesthes	sia:			
Habits								
Tobacco use	Yes No Type			nt & Duration $_$			nen?	
Alcohol use	Yes No Type			nt & Duration _				
Drug use	Yes No Type		Amou	nt & Duration _				

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Alle	ergies Drug/Food/Allerge	en	Type of Reaction				
Effe	Effect of weight loss or gain on areas of concern						
Effe	ect of exercise on areas of conce	ərn					
Yes	s / No		res done at the same time as the desired surgery?				
If ye	es, What		By Whom				
	Appearance of abdomen Weakness of abdomen Abdomen not responsive to dier Abdomen not responsive to exe Abdominal pain Appearance of Unsightly scars Restriction of normal activity Describe Body image concerns at areas are of concern to you?	t Carcise Carcise Carcise Carcise Carcise Carcise Carcise Carcing Carc	Fat pads out of proportion to body Difficulty in personal relations Appearance in clothes				
Effe	ect of weight loss or gain on the	areas of concern?					
Effe	ect of exercise on the areas of co	oncern?					
Wha	at do you wish to achieve from a	an abdominoplasty,	liposuction, lift, etc.?				

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We appreciate your visit and we respect your privacy. Who may we thank for referring you?					
May we contact this person to thank them? Yes / No At what number(s) may we					
☐ Call you?					
☐ Leave a message with a person and tell them we called?					
□ Leave a message on an answering machine?					

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Ideal Body Weights

HEIGHT	SMALL FEMALE	MEDIUM FEMALE	LARGE FEMALE	SMALL MALE	MEDIUM MALE	LARGE MALE
4'10"	102-111	109-121	116-131			
4'11"	103-113	111-123	120-134			
5'0"	104-115	113-126	122-137			
5'1"	106-113	115-129	125-140			
5'2"	108-121	118-132	128-143	128-134	131-141	128-150
5'3"	111-124	121-135	131-147	130-136	133-143	140-153
5'4"	114-127	124-138	134-151	132-138	135-145	142-156
5'5"	117-130	127-141	137-155	134-140	137-148	144-160
5'6"	120-133	130-144	140-159	136-142	139-151	146-168
5'7"	123-136	133-147	143-163	138-145	142-154	149-168
5'8"	126-139	136-150	146-167	140-148	145-157	152-172
5'9"	129-142	139-153	149-170	142-151	148-160	155-176
5'10"	132-145	142-156	152-173	144-154	151-163	156-180
5'11"	135-148	145-159	155-176	146-157	154-166	161-184
6'0"	138-151	148-162	158-179	149-160	157-170	164-188
6'1"				152-164	160-174	168-192
6'2"				155-168	164-178	172-197
6'3"				158-172	167-182	176-202
6'4"				162-176	171-187	181-207

2/6/07 KP Body Contour patient.doc