BODY CONTOUR SURGERY

Patient Worksheet

Plastic Surgery, Kaiser Permanente -- Santa Rosa

Date _____/_____/_____
Name _____**Medical Record #**_____
Age _____
Height _____ft _____in
Current Weight_____lbs. **Heaviest** _____lbs. **Lightest** _____lbs. **Preferred** ____lbs.
Pregnancies Yes No how many_____

Do you form keloids or severe scars Yes / No
Where_____
Please list **ALL** medical problems:
_____
_____
Please list **ALL** medications. (List Medication, Dose, & Frequency):
_____
_____
_____
_____

Do you take or have you ever taken in the last month any vitamins, homeopathic medicines, herbs or herbal medicines, botanicals, etc., including echinacea, ephedra (mahuang), garlic, ginko, ginseng, kava, St. John's Wort, or valerian? *(All herbal medicines must be stopped at least 2 weeks before the date of surgery.)* ☐ No If yes, please list.
_____

Have you ever taken cortisone or steroids? Yes / No What, When, How, Why and How Long?
_____
Have you ever taken any type of hormones, including birth control? What, When, Why and How Long?
_____
_____
Please list **ALL** previous surgeries, dates, surgeon, hospital, anesthesia:
_____
_____
_____

Habits

Tobacco use Yes No Type_____ Amount & Duration _____Quit when?_____
Alcohol use Yes No Type_____ Amount & Duration _____
Drug use Yes No Type_____ Amount & Duration _____

Allergies	**Drug/Food/Allergen**	**Type of Reaction**
	_____	_____
	_____	_____
	_____	_____

Effect of weight loss or gain on areas of concern
_____
_____
Effect of exercise on areas of concern
_____
_____
Will you be having any other elective surgical procedures done at the same time as the desired surgery? Yes / No
If yes, What _____ By Whom _____

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Concerns:

- ❑ Appearance of abdomen
- ❑ Weakness of abdomen
- ❑ Abdomen not responsive to diet
- ❑ Abdomen not responsive to exercise
- ❑ Abdominal pain
- ❑ Appearance of
  _____
  _____
- ❑ Unsightly scars
- ❑ Restriction of normal activity
  Describe _____
- ❑ Body image concerns
- ❑ Difficulty in personal relations
- ❑ Difficulty buying clothing
- ❑ Intertrigo (rash in skin folds)
- ❑ Areas not responsive to diet
- ❑ Areas not responsive to exercise
- ❑ Fat pads out of proportion to body
- ❑ Difficulty in personal relations
- ❑ Appearance in clothes
- ❑ Cellulite
- ❑ Skin dimpling or “Cottage Cheese” appearance

What areas are of concern to you?

_____
_____
_____

Effect of weight loss or gain on the areas of concern?

_____
_____

Effect of exercise on the areas of concern?

_____
_____
_____
_____
_____

What do you wish to achieve from an abdominoplasty, liposuction, lift, etc.?

_____
_____
_____
_____
_____

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?

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