

ADVANCED COSMETIC SURGERY OF NEW YORK

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HEALTH AND MEDICAL SCREEN

A. MEDICATION QUESTIONNAIRE

YES

NO

Are you taking any prescription medications?

Are you currently taking any over the counter medications?

(Including vitamins and herbal formulations)

Do you have any allergies to any medications?

(Prescriptions or over the counter including

Lidocaine used by Dentists for numbing)

If so, please list: _____

B. HEALTH QUESTIONNAIRE

Do you have any medical problems including the following:

Diabetes Mellitus

Heart Failure or any Heart problem

Hypertension

Kidney Failure or any Kidney diseases

Liver diseases including Viral Hepatitis B or C

Arthritis including Rheumatoid Arthritis and Lupus

Blood Clots (including DVT and Pulmonary Embolism)

In the past

Bleeding disorders including Hemophilia

Cancer of any type

HIV or AIDS

C. LIPO QUESTIONNAIRE

Have you had liposuction done before?

If so, when and which area: _____

Do you smoke tobacco?

Patient Signature: _____

Date: _____