



## Smartlipo™ & Laser Consult

**Please print**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell/Preferred Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about our services (website, Facebook, Instagram)? **Were you referred to our center?**

If yes, **by whom:** \_\_\_\_\_

Desired Treatment Area(s)? \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Age? \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ (provided by staff) **BMI** \_\_\_\_\_ (provided by staff)

Are you Pregnant? Yes \_\_\_\_ No \_\_\_\_

Have you had any previous liposuction surgery? Yes \_\_\_\_ No \_\_\_\_

Do you wish to treat Cellulite? \_\_\_\_ Stretchmarks \_\_\_\_ or Scars \_\_\_\_

Comments: \_\_\_\_\_

What is your budget?

- \$1,500 - \$3,000 (one to two areas)
- \$3,000 to \$5,000 (two to three areas)
- \$5,000 to \$8,000
- \$8,000 to \$12,000
- Do you plan to finance your surgery? We accept Care Credit (6 to 48 months financing; you select the terms for repayment). Credit score check is conducted by the lending companies. Ask us for details.
- We accept all major credit cards: VISA, MasterCard, American Express, Discover, Diner's Club

Patient History – please print

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Date of Patient Examination: \_\_\_\_\_ \*Date of Proposed SmartLipo: \_\_\_\_\_

\* *Completed by staff*

Date of Last Complete Physical: \_\_\_\_\_ Date of EKG/ECG: \_\_\_\_\_

Physical must be within **12 months** of your selective surgery date. **EKG/ECG required if 50 years** or previous cardiology issues (includes hypertension). **A current physical is required for surgery.**

Date of Last Menstrual Cycle (females only): \_\_\_\_\_ If not applicable, state why (hysterectomy, menopause, tubal ligation, etc.) \_\_\_\_\_

Please check the areas you are considering:

- Arms (upper)
- Arm pit (Hyperhidrosis – sweat glands)
- Bra, Above (Above the bra)
- Bra, Under (Under the bra)
- Abdomen, Upper \_\_\_\_\_Elasticity
- Abdomen, Upper (half-moon)
- Abdomen, Lower \_\_\_\_\_Elasticity
- Love Handles
- Back/Flanks
- Upper Shelf of Buttocks (“butt enhancement”)
- Buttocks
- Male Breast Reduction
- Knees
- Saddle Bags
- Thighs, Partial Inner (Upper 4 inches)
- Thighs, Full Inner
- Thighs, Front
- Thighs, Back
- Male Breast Reduction
- Knees
- Cellulite:  Stage 1: \_\_\_\_\_  Stage 2: \_\_\_\_\_  Stage 3: \_\_\_\_\_

How much improvement in contouring and body change are you expecting?

99% - 80%       80%-60%       60%-40%       40%-20%

Patient History – please print

It is imperative you provide all of your medical history during your consult.  
Your consult form will be screened to determine if you are eligible for this procedure.  
Be honest to receive the best and safest treatment possible.

What is your Physician name/address/phone number: \_\_\_\_\_

Would you like us to call your physician to discuss or notify your intention of having SmartLipo done?  
 YES  NO (If a medical condition exists, your physician may be contacted)

Have you ever had liposuction before?  YES  NO List all areas: \_\_\_\_\_

Have you had plastic or reconstructive surgery before?  YES  NO

What type of surgery? \_\_\_\_\_

Do you keloid?  YES  NO (heavy scarring, overgrowth of tissue; typically seen in African Americans)

Do you bruise easily?  YES  NO

Do you have any bleeding problems (ie anemia)? Please list: \_\_\_\_\_

Do you have any kidney; heart, thyroid, diabetes, circulation, metabolic, blood pressure or any other diseases or problems?  YES  NO Which ones? \_\_\_\_\_

Do you have any known allergies?  YES  NO If yes, please list example, latex, tape, penicillin, aspirin, sulfa, codeine, etc. \_\_\_\_\_

Do you have or have you had in the past any problems taking medications? Allergy or adverse reactions?  
 YES  NO If yes, which ones? Include anesthesia and medications

Do you take Aspirin, Coumadin, Excedrin, Motrin or anything which thins the blood, including Vitamin E and Herbal Medications (Garlic, Ginger, Ginseng, Ginko)?  YES  NO

List **ALL Current Medications & Vitamins/Supplements in the last 6 months**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

If necessary, write additional medications on this line: \_\_\_\_\_

Current Medical Problems:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Patient History – please print

Any Blood Transfusions:  YES  NO If yes, why: \_\_\_\_\_

Have you ever been exposed to or do you have any contagious diseases (for example Hepatitis, AIDS, HIV, STD, etc)?  YES  NO Which ones? \_\_\_\_\_

List Past Surgeries: \_\_\_\_\_  
\_\_\_\_\_

Overnight stays in hospital (to include child birth) \_\_\_\_\_  
\_\_\_\_\_

If you have ever been pregnant, how many deliveries? \_\_\_\_\_ Any C-sections?  YES  NO

Any recent miscarriages or abortions, if so when: \_\_\_\_\_

\*\*We ask this question because a false positive pregnancy test will postpone your surgery. We cannot operate on a positive pregnancy regardless of the type of termination until we receive a negative test result\*\*.

Have you been treated for any depression, emotional or psychiatric problems?  YES  NO

If yes, are you currently under care? With or without medication? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been in recovery or been addicted to any substance?  YES  NO Which ones?  
\_\_\_\_\_

What are your main concerns about SmartLipo? \_\_\_\_\_  
\_\_\_\_\_

Do you understand the procedure, risks, expected outcomes, Pre & Post SmartLipo instructions and the importance of follow up care?  YES  NO

What are you still unclear about? \_\_\_\_\_

Have we now clarified and answered all your questions?  YES  NO

Your signature verifies that you are clear about this procedure.

Any failure to provide an accurate medical profile/history may result in our refusal of providing you services. Your information will be held in accordance with HIPPA – patient privacy act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date