

**Please perform a comprehensive medical history.**

All surgical procedures are accompanied by a certain degree of risk, whether the procedures are for medical or cosmetic reasons. Dr Vicente Rodrigo careful review your medical history and current health condition before deciding if it is safe for you to proceed with surgery. It is important that you fully disclose all pertinent information so that we are able to make an accurate assessment of the risks involved. Dr Vicente Rodrigo will take every precaution necessary to reduce the possibility of any complications.

Before any type of major procedure, full [medical tests](#) are required which includes full blood test urine test and ECG. For tummy tuck and full face lift with anesthesia you need chest x-ray as well.

These tests can be performed:

Please complete all fields

Title

Name\*

Sex\*

Age\*

Weight (kg)\*

Height (cm)\*

Occupation\*

Phone\*

Mobile\*  Country Code\*  Number\*

E-mail\*  E-mail(re-type)\*

Best time to call  AM

Type of required procedure(s)\*

Approx date for required operation\*

Have you had previous Plastic Surgery?\*  Yes  No

If Yes please specify

Were you satisfied with the result?  Yes  No

Have you suffer or suffered any major illness, e.g. cancer, TB, asthma, etc.\*  Yes  No

If Yes please specify

Have you ever had a stroke, heart attack, or angina ?\*  Yes  No

If Yes please specify

Do you have any allergies to food, drugs, etc?\*  Yes  No

If Yes please give details

Are you under any instructions/prescriptions from your GP?\*  Yes  No

If Yes please state purpose and list all medications currently take including dosage for each

- Have you ever had post-operative complications?\*  Yes  No
- Have you ever had respiratory problems?\*  Yes  No
- Have you ever had adverse reaction to local anaesthetic/sedation?\*  Yes  No
- Have you ever suffered from any autoimmune Conditions (E.g. HIV, MS, Arthritis)?\*  Yes  No
- Do you suffer from any abnormalities of the nervous system?\*  Yes  No
- Do you suffer from Diabetes?\*  Yes  No
- Do you have difficulty with healing or scarring?\*  Yes  No
- Do you suffer from any skin conditions?\*  Yes  No
- E.g. Acne, Dermatitis, Psoriasis, Eczema, Cold Sores, Shingells  Yes  No

If so please give details:

- Do you smoke?\*  Yes  No
- If yes, how many a day?
- Do you drink Alcohol?\*  Yes  No
- If yes, how many units a week? i.e. 1 unit=1 glass of wine/half a pint beer
- Have You ever been treated for any psychiatric disorder or been give anti-depressants?\*
- Yes  No
- Have you suffered from bowel or urinary problems?\*  Yes  No
- Do you suffer from asthma?\*  Yes  No
- Have you ever taken blood thinning tablets or injections?\*  Yes  No
- Are you currently taking any vitamin/mineral or herbal supplements?\*  Yes  No
- Do you use aspirin or anti-inflammatory drugs?\*  Yes  No
- Have you ever been drug abuser?\*  Yes  No
- Have you ever suffered from excessive bleeding?\*  Yes  No
- Have you ever suffered from DVT (deep vein thrombosis) or pulmonary embolism? \*  Yes  No
- Are you taking hormones or anabolic steroids?\*  Yes  No
- Are you planning to go on holiday in the near future?\*  Yes  No
- Have you had or do you have any other medical condotions not mentioned above?\*
- Yes  No

For women only

- Do you take birth control pills, hormone replacement medication or wear a hormone patch?  Yes  No
- Are you pregnant now?  Yes  No
- When did you last deliver a baby?

- Are you pregnant now?  Yes  No
- When did you last deliver a baby?
- When did you last breastfeed?
- Your last period started by:

Please plan your operation date outside term of your period. You MUST NOT have a period at operation date and a few days afterwards.

I hereby confirm that I have provided true and complete information about my medical history.