

LIPOSUCTION EVALUATION - PATRICK HUDSON MD PA, PLASTIC SURGERY

PATIENT SIDE (FRONT) - answer all questions & Fax (505 242 0060) or bring with you

1. Today's date: _____ 2. Your name: _____
3. How old are you? _____ 4. Are you married or have a partner? YES NO
5. What is your job? _____
6. Where is the excess fat you would like to discuss with Dr. Hudson:
Abdomen hips loin (love handle) inner thigh outer thigh front of thigh
buttock knee calf ankle back arm under the chin-neck braline chest
chest in men (gynecomastia) other: _____
7. How tall are you? ___ feet ___ inches 8. How much do you weigh? _____ lb.
9. Do you exercise regularly? no yes (describe) aerobic/running weight machine free weights
10. Have you recently lost weight? YES NO How many pounds ___ over how many months ___ ?
11. Were you obese as a child or teen? YES NO
12. Have you had an eating disorder like anorexia or bulimia? YES NO
13. Have you any scars or surgery in the area you would like suctioned? YES NO (describe)

14. Have you had liposuction before? no yes (describe when and what area) _____
15. Have you ever had a blood clot? no yes (describe) _____

Women patients only:

18. How many children have you had? 0 1 2 3 4 other (give number) _____
19. Do you plan any future pregnancies? YES NO
20. Do you take birth control pills? YES NO

If you are considering liposuction of the breast please answer these questions:

21. Do you have a family history of breast cancer? YES NO
22. Have you had problems in the breast? YES NO
23. Have you had mammogram in the last year? YES NO If yes was it: normal abnormal
24. What cup size are you? A B C D DD >DD

For male patients with gynecomastia only

25. Have you fathered children? YES NO
26. Have you notice a reduced interest in sex in the last few months? YES NO
27. Do you smoke marijuana regularly? YES NO
28. Do you drink more than a six pack of beer or 2 glasses of wine or equivalent daily? YES NO

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DR. HUDSON WILL COMPLETE THIS PAGE (BACK) - DO NOT ANSWER THESE QUESTIONS

name: _____

Stretch marks: no yes **Elasticity of skin:** good poor **Muscle tone:** good poor

Cellulite: yes no **Asymmetry:** no yes **Rectus divarication:** no yes

Hernias: none felt umbilical midline femoral/inguinal

AREAS OF FAT: upper abdomen • lower abdomen • hips loin (love handle)
inner thigh • outer thigh • front of thigh • buttock • knee • calf
upper-back • mid-back • lower-back • upper braline • lower braline
upper arm • chin-neck • other

BREAST IN WOMEN: Mass: NO R L location: **LN:** NO axillary supraclavicular
Nipple to SSN: R= L= Nipple diameter: R= L= Nipple discharge or bleeding: NO

GYNECOMASTIA IN MEN: nodule fat both **LN:** NO axillary supraclavicular

Testes: normal abnormal **Liver:** normal abnormal

GENERAL: BP significant abnormal findings:

RECOMMENDATION

TRADITIONAL +/- ULTRASONIC: upper abdomen • lower abdomen • hips • loin
outer thigh • front thigh • buttock • upper-back • mid-back • lower-back • upper bra • lower bra
Gynecomastia

TRADITIONAL LIPOSUCTION ALONE: inner thigh • knee • calf • upper arm • chin-neck •
breast in women (reduction)

OPEN +/-SKIN EXCISION: abdomen • thigh • arm
Gynecomastia • mastopexy with reduction by suction

COMPLICATIONS

GENERAL: BRUISING • SWELLING • BLEEDING • INFECTION • NUMBNESS • SCAR • ASYMMETRY •
POOR HEALING • GA • NO GUARANTEE • THROMBOEMBOLISM (CLOTS) • STOP BCPS/HORMONES

SMOKING-SECOND HAND • 90% SATISFACTION

LIPOSUCTION: SURFACE IRREGULARITY • SECONDARY SUCTION • BURNS • SEROMA

3 ENDS POINTS: FULL REMOVAL • EXCESS BLEEDING • MAXIMUM SAFE AMOUNT

OTHER: INTERNET • OTHER

These issues were discussed with me by Dr. Hudson:

_____ (patient initials) _____ (PAH/witness initials)

Date: _____