



all about aesthetics, pc
Deborah Kessler Hudak, MD

Patient

Name: _____ Date _____

Patient

Address: _____ City/St./Zip _____

Home Ph. _____ Cell
Ph. _____

D.O.B.: _____ Over
18? _____ Consultant: _____

How did you hear about
us? _____

Treatment areas: MesoLift/Glow _____ Chin/Jowls _____
UpperArms _____
Breasts _____ Upper Abdomen _____ LowerAbd _____
BackRolls _____
Flanks _____ OuterThigh _____ InnerThigh _____
FrontThigh _____
BackThigh _____
Other _____

Weight (lbs.) _____ Height
(inches) _____
BMI _____

Past Medical History

Yes/ No
_____ Autoimmune Disease (other than Thyroid or
Rheum.Arth)? _____
_____ Any bleeding disorders, on Coumadin or
Plavix? _____
_____ Kidney
failure? _____
_____ Liver
failure? _____
_____ On
chemotherapy? _____
_____ On
steroids? _____
_____ Pregnant or Breast-
Feeding? _____

___ ___ Allergy to Soy? _____

___ ___ Allergy to "caines"? _____

___ ___ Given List of Blood Thinners to Avoid, and Vit.C/Arnica to take?

Drug Allergies: _____

Fat characteristics:

Inner	Front	Chin Back	Upper Back	Breast	Upper	Lower	Back	Flanks	Outer
Thigh	Thigh	Thigh	Thigh	Jowl	Arms	Male	Abd	Abd	Rolls
Soft?	_____	_____	_____	_____	_____	_____	_____	_____	_____
Fat/	_____	_____	_____	_____	_____	_____	_____	_____	_____
Scar?	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Reviewed by D.K.Hudak,
M.D. _____ Date _____