

# PRE CONSULTATION FORM

We beg you to respond thoroughly to each question, that will allow us to send you an accurate quote in shorter time and will enable our medical team to establish a precise medical diagnosis to evaluate the possibility (or not) to carry out your surgery.

## PERSONAL INFORMATION

**Name:**

**Age:**

**Phone (Cell phone / Home):**

**Address:**

**City:**

**Country:**

**Your Email:**

*be sure your mail is correctly written*

## INFORMATION ABOUT THE PROCEDURES YOU WOULD LIKE TO PERFORM

**1. Describe the Procedure(s) or the Combined Plastic Surgery Package you would like:**

-  
-  
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## 2. Your photos

To complete the Pre-Consultation form we need you send us your photographs. These pictures are necessary for our surgical team to establish a clear and accurate preliminary medical diagnosis.

### **Required photos:**

**For Body Surgery** (body photographs of Front, Back and Profile.

Pictures can be taken with panties, but full abdomen and back has to be visible  
- *face photos are not required*).

**For Face surgery** (Face photographs of Front and Profile – both sides - *Body photos are not required*).

## MOTIVATION LETTER

- 1) How long have you wanted to have this type of surgery?
- 2) What are your reasons for having this surgery?
- 3) Have you previously consulted a plastic surgeon? If so, when and under what circumstances?
- 4) Why have you chosen Top Plastic Surgeons Mexico to perform your surgeries?

## YOUR STAY

- 1) Preferred date(s) you would like to have surgery (day or month you would like to arrive at Mexico)?

## **2) How many days can you stay in Mexico?**

Depending on the procedure(s) you will perform you will have to stay from 7 to 14 days in Mexico.

## **3) Excursions and Tourism in Mexico.**

If you wish to make an excursion or tourist activity in Mexico City, please tell us about the places you would like to visit.

## **MEDICAL HISTORY FORM**

- Size:

- Weight:

- Maximum Weight?

- Chest size:

- Waist:

- Do you smoke? If yes, how many cigarettes a day?

- Do you drink alcohol? If yes, how often?

- Are you using any kind of drugs or taking any medications? (Please list all medications, vitamins, and supplements you are currently taking)

- Are you currently undergoing any treatment? If yes, which one?

- Do you have any allergies? If yes, what are they?

- Are you allergic to any medicines? If yes, what are they?

- Others?

- Are you diabetic?

- Do you suffer from cholesterol problems?

- Do you suffer from high blood pressure?
- Do you suffer from anemia?
- Have you gone through depression?
- Did you have any viral illnesses? If yes, which one?
- Have you ever reacted badly to being put to sleep for surgery?
- **Have you had any medical surgical procedure(s) before? If yes, which ones?**
- Have you had any cosmetic surgery? If yes, when and which ones (part of your body)?

### **Gynecological and obstetrical History (only for women)**

- Number of pregnancies?
- Number of children?
- Number of caesareans?
- Would you like to have more children? If yes, when?
- In Case of Breast Surgery

What is your cup size?

- Have you had mammography? If yes, when? What was the result?
- Have you ever had breast cancer?

Is there any family history of breast cancer? If yes, which member of the family?

Thank you,