

PINBACK OTOPLASTY EVALUATION -PATRICK HUDSON MD PA, PLASTIC SURGERY

PATIENT SIDE (FRONT) - **please answer all questions and 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. Please describe your problem?

7. How tall are you? ___ feet ___ inches 8. How much do you weigh? _____ lb.

8. Have you had an eating disorder like anorexia or bulimia? **no yes**

9. Have you ever had a blood clot? **no yes (describe)**

10. Do you smoke? **no yes** (describe how many each day) _____

11. Are you exposed to second hand smoke? **no yes**

14. Do you take any psychotropic medicines? **No yes**

If yes, what are they: anti-depressant sleeping pills anti-anxiety

Other (describe): _____

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Patient name: _____

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

General : ok problems Asymmetry: no yes Elasticity of skin: good poor

Distance of ear from skull:

underdeveloped antihelix: no yes overdeveloped concha: no yes

Other:

General: BP

RECOMMENDATIONS

PINBACK OTOPLASTY: suture Luckett conchal excision combination

COMPLICATIONS

bruising • swelling • bleeding/hematoma • infection • numbness • pain • scar

asymmetry • poor healing • need for secondary surgery

chondritis • recurrence • stitch reaction • sharp fold

OTHER: GA • No Guarantee • BCPs/hormones • thromboembolism (clots) • internet • 90% satisfaction

smoking • 2nd hand smoke

These issues were discussed with me by Dr. Hudson: _____ (patient initials) _____ (witness initials)

Date: _____