

ABDOMINOPLASTY 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?                      married                      single
5. What is your job? \_\_\_\_\_
6. What best describes your problem (you can circle more than one)? loose skin excess fat weak abdominal muscle  
other (describe): \_\_\_\_\_
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? **no yes (describe)** How many pounds \_\_\_ over how many months \_\_\_\_\_ ?
11. When you were obese as a child or teen? **no yes**
12. Have you had an eating disorder like anorexia or bulimia? **no yes**
13. Have you had surgery of the abdomen? **no yes (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)**
16. Do you smoke? **no yes (describe how many each day)** \_\_\_\_\_
17. Are you exposed to second hand smoke? **no yes**

**Women patients only:**

18. How many children have you had? \_\_\_\_\_
19. Do you plan any future pregnancies? **no yes**
20. Do you take birth control pills? **no yes**

