

LIPOSUCTION EVALUATION - PATRICK HUDSON MD PA, PLASTIC SURGERY

PATIENT SIDE (FRONT) - **please answer all questions and either 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. 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 bralaine

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? **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 have any scars or surgery in the area you would like suctioned? **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)**

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**

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

Do you have FH of breast cancer? **no yes**

Have you had problems in the breast? **no yes**

Have you had mammogram in the last year? **No yes.** If yes was it: **normal abnormal**

What cup size are you? **A B C D DD >DD**

Male patients with gynecomastia only:

22. Have you fathered children? **no yes** 23. Have you notice a reduced interest in sex in the last few months? **no yes**

24. Do you smoke marijuana regularly? **no yes**

25. Do you drink more than a six pack of beer or 2 glasses of wine or the equivalent each day? **no yes**

LIPOSUCTION EVALUATION - PATRICK HUDSON MD PA, PLASTIC SURGERY

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

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

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

Hernias: none felt umbilical midline femoral/inguinal other

GENERAL: BP significant abnormal findings:

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 bralaine • lower bralaine

upper arm • chin-neck • other _____

BREAST IN WOMEN: Mass: no R L location: _____ LNs: axillary : no R L supraclavicular: no R L

Nipple to SSN: R=___ L=___ **Nipple diameter:** R= ___ L= ___ **Nipple discharge or bleeding:** N Y

GYNECOMASTIA: nodule fat both **LNs:** axillary : no R L

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

RECOMMENDATION

TRADITIONAL +/- ULTRASONIC: upper abdomen • lower abdomen • hips • loin • outer thigh • front thigh • buttock
upper-back • mid-back • lower-back • upper bralaine • lower bralaine • gynecomastia • breast in women (reduction)

TRADITIONAL LIPOSUCTION ALONE: inner thigh • knee • calf • upper arm • under the chin-neck

OPEN +/-SKIN EXCISION: abdomen • thigh • arm • gynecomastia • mastopexy with breast reduction by liposuction

COMPLICATIONS

bruising • swelling • bleeding • infection • numbness-pain • scars • asymmetry poor healing •
surface irregularity • secondary suction • burns • seroma • long term

OTHER: GA • No Guarantee • BCPs • thromboembolism (clots) • internet • other

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

Date: _____