Medical Form

Cosmetic Holidays International

Personal Details

Name:	Surname:	
Sex: ☐ Female ☐ Male	Date of Birth:	
Height:	Weight:	Blood Group:

Initial health and medical pre-screening

Allergy to:

Drug: ☐ Yes ☐ No ☐ Not known If yes please specify: _____

Food: ☐ Yes ☐ No ☐ Not known If yes please specify: _____

Others: ☐ Yes ☐ No ☐ Not known If yes please specify: _____

Family history of disease: ☐ Yes ☐ No If yes please specify: _____

☐ Heart disease ☐ Diabetes ☐ Hypertension (High blood pressure) ☐ Asthma

☐ Deep Vein Thrombosis ☐ Any bleeding tendancy ☐ Blood tramsmission

☐ Keloid Scarring ☐ Hepatitis B ☐ HIV ☐ Cancer

Personal history of disease: ☐ Yes ☐ No If yes please specify: _____

☐ Heart disease ☐ Diabetes ☐ Hypertension (High blood pressure) ☐ Asthma

☐ Deep Vein Thrombosis ☐ Any bleeding tendancy ☐ Blood tramsmission

☐ Keloid Scarring ☐ Hepatitis B ☐ HIV ☐ Cancer

Any relevant major accidents/ operations/ illnesses: ☐ Yes ☐ No

If yes please specify: _____

Habit history: Smoking ☐ Yes ☐ No Drinking ☐ Yes ☐ No Other: _____

Current medications taken: _____

For breast surgery only

Please provide the following information as an indication. Please be aware that all final information is confirmed in consultation with your surgeon after a physical examination and discussion with your surgeon about our options.

Current bra size: _____ Size requested: _____ ☐ Unsure

Desired incision for BA: ☐ Armpit ☐ Under breast crease

Have you had a mammogram (patients over 40): ☐ Yes ☐ No Results: _____

☐ I confirm all the information I have disclosed is true and correct.

Signature: _____ Date: _____

โรงพยาบาลกรุงเทพ BANGKOK HOSPITAL ภูเก็ต • PHUKET

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Please be aware that a false declaration may result in the rejection of surgery by the treating surgeon and/ or hospital at the time of consultation/ medical testing upon arrival.
Diabetes may affect and delay the healing and scar tissue of the skin, esp with Abdominoplasty surgery, which may result in additional medial attention and hospitalization at additional costs to the patient.
Please be advised that if infection or scar occurs post-operative, in some cases revision surgery may be required.