

Lawrence Plastic Surgery, P.A.

Abdominoplasty/Panniculectomy Questionnaire

Patient Name _____ DOB: _____ Date: _____

Please fill out the following questions prior to your abdominoplasty/panniculectomy consult:

If you have been referred by your family physician, please state their name: _____

What is your current height? _____

What is your current weight? _____

Is this a stable weight for you? _____

If not, how much weight have you gained or lost in the last 6 months? _____

Do you attribute any medical problems to excess abdominal tissue? _____

If yes please explain: _____

Have you had treatment for any of these problems before? _____

If yes, what was the treatment and who prescribed the treatment? _____

Have you had any pregnancies? _____

List any previous abdominal surgeries: _____

Are you taking any prescription diet medication? _____

If yes, what is the medication and who has prescribed the medication? _____

Have you talked with any friends or family who have had this surgery before? _____

By signing this form you give permission for Lawrence Plastic Surgery to release this information to your insurance company if pre-authorization of proposed treatment is required: _____

Thank you for your information.