



CHRISTOPHER T. CHIA, M.D.

Name: _____

Today's Date: _____

Date of birth: _____

Gender: Male Female

Address: _____

Phone Number: Home: _____

Social Security #: _____

Cellular/Other: _____

Next of Kin: _____

Occupation: _____

Referred by: Friend/Family Print Ad Internet

Other _____

Reason for Visit: _____

Email Address: _____

Please take a few moments to answer the following questions:

What is your: Height: _____ Weight: _____

Do you have any **allergies** to any type of medication? Yes/No

If yes, which ones? _____

Are you taking any **prescription medications**? Yes/No

If yes, which ones? _____

Are you a **smoker**? Yes/No

If female, is there any chance that you could be **pregnant**? Yes/No

Have you taken **aspirin** within the last week? Yes/No

Do you regularly take any **herbal products**? Yes/No

List any **medical problems** or conditions that you may have below: None

List any **surgical procedures** you have had done below: None

Are you interested in financing? Yes/No



SPERO J. THEODOROU, M.D.
CHRISTOPHER T. CHIA, M.D.

BODY CONTOURING EXAMINATION SHEET

Name: _____ Date: _____

Gender: M F Age: _____
Height: _____ Weight: _____

Medical Allergies: _____ NKDA
Medications: _____ NONE
Smoker: Y N Pregnancy: Yes___ NONE

PMH: _____

PSH: _____

HR: _____ Resp: _____ BP: _____/_____

Gen: _____

CV: _____

Lungs: _____

Abd: _____

Candidate Not Candidate

Procedure (s): _____

Notes: _____
