



plastic | surgery

Dr. YAVUZ ÖZSULAR

PERSONNEL INFORMATIONS

Name and surname :.....

Email:.....

Date of birth:.....

Civil status:.....

Place of birth:.....

Profession:.....

Age:.....

Telephone:.....



MEDICAL INFORMATIONS

✎ Are there any medications/supplements you are using regularly? if there is please specify.

Drug name:..... Doz:..... Reason.....


✎ Do you have any allergie ? If there is please sepecify

.....

✎ Are you pregnant? Yes: No:

✎ Have you had a previous pregnancy or miscarriage?


.....

 Do you drink alcohol? Never Sometimes Frequently

 Do you smoke cigarettes? Never Sometimes Frequently

How many year?.....


How many day?.....

 Have you had any surgery before? (Local anesthesia < General anesthesia)

Yes No

If yes, please indicate which operation. When and the reason .

.....

 Does any one in your family have any chronic diseases?

Hypertension

Cancer


Diabets

Anemia

Heart diseases

Cerebral hemorrhage

Others

 Do you have a personal history with an illness?

Asthmatic: Yes No

Cancer : Yes No

Heart diseases : Yes No

Hepatitis: Yes No

Beelding disorders : Yes No

HIV: Yes No

Chest pain: Yes No

Tuberculosis: Yes No

Skin diseases: Yes No

Kidney problems: Yes No

Diabetes : Yes No

Psychiatric problems: Yes No

If you have any other illness, please specify:.....





How did you hear about us?

Instagram

Google

Twitter

Facebook

I was your patient before

Freind recommandation

Others



PLASTIC SURGERY INFORMATIONS



What part of your body you are complain about?

.....



Have you ever had any plastic surgery?

.....



What are your expectations and wishes?

.....



Have you seen other doctors?

.....



PERSONAL NOTE

.....


plastic | surgery
Dr. YAVUZ ÖZSULAR



+90 0546 788 40 55



Harbiye Mah. Bostan Sk. No:10 Floor:3

Nişantaşı / ŞİŞLİ / İSTANBUL



www.yavuzozsular.com