



Esthetik
the art of plastic surgery

MEDICAL INFORMATION SHEET

Kindly fill this form and take it with you for consultation with Mr Nadir Ali. Thanks

Name Mr/ Miss/ Mrs

Date of Birth

Address

Phone number

Email

Preferred contact (please circle) email phone post

Height

Weight

Occupation

GP name

GP Phone

GP Address

Would you like your GP to be kept informed Yes / No

Procedure/s interested in

Do you suffer from any medical conditions? Yes / No

Have you had any operations in the past? Yes / No

Do you take any medications regularly? Yes / No

Do you take any herbal remedies regularly? Yes / No

Do you have any drug allergies / food allergies Yes / No

Do you drink? Yes / No

How many units per day /week

Do you smoke? Yes / No

How many per day

For how many years

Signature

Date