VAL LAMBROS, M.D., F.A.C.S.

Diplomate American Board of Plastic Surgery
2121 East Coast Highway, Suite 200
Corona Del Mar, California 92625
(949) 759-4733 Fax (949) 644-6688

NEW PATIENT INFORMATION

Today's Date_____ Marital Status_____

Name: _____ Birthdate: ___/___/___ Age:_____

Address: _____ Sex: M / F

City: _____ State: _____ Zip Code: _____

Home: (____) _____ Cell: (____) _____Work: (____) _____

Employer: _____ Occupation: _____

EMAIL: _____

Spouse: _____ Telephone: (____) _____

Emergency Contact: _____ Telephone: (____) _____

How did you hear about Dr. Lambros? _____

Please check the procedure about which you would like to receive more information:

_____Facial Rejuvenation; Face / Neck lift, Correction of Eyelids, Chin Augmentation, Fat Injection

_____Botox / Dysport _____Fillers; Juvederm, Restylane

_____Breast Enhancement _____Body Contouring

Please list any current Medical Conditions:

_____

_____

Please list all Medications, prescribed or over-the-counter, and Vitamins that you are currently taking:

_____

_____

_____

Do you have allergic reactions to any medication?

YES/NO_____

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Name: _____ Today's Date: _____

Height: _____ Weight: _____lbs.

Please check if you have ever been treated for, or told that you have any of the following:

Y	N		Y	N		Y	N	
		Heart Trouble			Nervous Disorder			Hemorrhoids
		Heart Attack/Heart Pain			Insomnia			Thyroid Diseases
		Stroke			Drug Addiction/Habit			Diabetes
		Hypertension			AIDS/HIV Infection			Skin Disorders
		Blood Pressure Abnormalities			Herpes			Arthritis
		Rheumatic Fever			Cancer			Bleeding Tendency/Disorder
		Digitalis Treatment			Glaucoma or Eye Disorder			Breast Disease
		Shortness of Breath			Hepatitis			Kidney Disorder
		Chest Pain			Gall Bladder Trouble			Blood Transfusion
		Asthma			Cirrhosis of Liver			Blood Infection
		Bronchitis			Alcoholism			Seizure Disorder
		Tuberculosis			Ulcers			Malignant Hyperthermia
		Pneumonia			Gastritis			Abnormal Reaction to Anesthetics
		Emphysema			Colitis			History of MRSA infection
		Hay Fever			Problem Constipation			
		Nervous Breakdown			Tarry or Bloody Bowel			

1. **YES / NO** Do you have any family history of cancer, heart trouble, stroke or malignant hyperthermia?

   _____

2. **YES / NO** Do you smoke? If yes, how much_____
3. **YES / NO** Do you consume alcohol? If yes, how often? _____
4. **YES / NO** Are you pregnant? When was your last menstrual period? _____
5. When was your last physical examination? _____
6. Did your last physical examination include an E.K.G.? **YES / NO**
7. **YES / NO** Do you have a history of excessive bruising or bleeding following surgery or minor trauma?
8. **YES / NO** Do you have a history of cold sores?
9. Have you ever had cosmetic surgery? Or been hospitalized? If yes, please list:

   _____

   _____

   _____

   _____

   _____

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PATIENT INFORMATION

HIPAA COMPLIANCE

Please list your preferred method of communications from our office to you. We also need your permission to leave messages for you pertaining to your appointments and care from our office.

Home: (_____) _____ Yes No

Work : (_____) _____ Yes No

Cell : (_____) _____ Yes No

Ok to text? Yes No

Email: _____ Yes No

_____Date: _____
Signature

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COSMETIC INJECTION PATIENT CONSENT

Introduction: This informed consent document outlines most of the common and uncommon risks involving cosmetic injections. Other risks are possible. Once you have read and understood this information, and had the opportunity to ask questions and discuss any concerns with Dr. Lambros or his staff, please sign and date below.

Goals: The underlying goal of injectable treatments is facial rejuvenation: reducing wrinkles, restoring volume, improving facial contours, etc. The specific goals for your treatment should be clarified by discussion with Dr. Lambros or his staff prior to signing this form.

Alternatives to injections include no treatment, skin care, laser resurfacing, chemical peels, facelifts and other surgical therapies, and other modalities.

Risks: Every procedure (surgical or non-surgical) involves risks that can only be completely avoided by foregoing treatment. Determining whether or not a procedure is right for you depends on your evaluation of the risks, benefits, goals, alternatives, and recovery associated with the procedures. Products may be used in areas that are considered "off label" by the drug manufacturer. These may vary and you may want to discuss this with Dr. Lambros prior to injection.

1. Bruising. One of the most common risks of injection is bruising. Bruises generally resolve in 2-3 weeks and can often be concealed by cosmetics in less than a week. Please **avoid aspirin, NSAIDs (e.g., Motrin/Advil/ibuprofen, naproxen), Vitamin E, fish oil, omega-3 fatty acids for 1-2 weeks** prior to injection, since these and other supplements may contribute to bleeding. Please inform us of any supplements or medications you take prior to injection, especially Coumadin, or Plavix.

2. Bumpiness (nodularity). Patients often feel some bumpiness, firmness, or tightness under the skin at the site of filler injections. Usually, this is not visible and resolves in 1 -2 weeks.

3. Swelling. Swelling is common after injections but is usually mild and localized to the site of injection. If it becomes excessive or painful after the injection, please notify Dr Lambros or his staff.

4. Allergic reaction. True allergic reactions are rare after injectable treatments, but notify us if you develop excess swelling or redness, a rash (especially hives), unusual swelling or airway symptoms.

5. Infection. Infections are rare after cosmetic injection, but please notify us if you develop excess redness, swelling, pain, any drainage, or fever after injection.

6. Skin necrosis. Skin necrosis occurs when a patch of skin dies because of blocked blood flow. The skin typically becomes discolored (pale, bluish, or purple), then scabs over. Affected skin may be painful. Notify Dr. Lambros or his staff if you notice any of these signs; however,

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these findings are usually noted immediately after an injection. Any affected area will scar. This is a rare complication but can be severe.

7. Blindness. Permanent blindness is a rare complication of any facial injection (cosmetic or medical) but has been documented. This would be noticed immediately upon injection. This may also be more common with permanent fillers.

8. Ptosis. This is a risk only for botulinum toxins (e.g., Botox™ and Dysport™). It occurs when the botulinum toxin diffuses into the muscle that elevates the eyelid. This is temporary, usually lasting 2-4 weeks. This occurs less than 1% of the time.

9. Headache. Injections occasionally precipitate headaches, usually in patients prone to headache.

10. Granulomas. Inflammation around filler material can cause inflamed red bumps to appear in the skin. This is unusual but is more common with permanent fillers. This may present weeks or months after injection.

Other risks are possible. Please ask Dr. Lambros or our staff if you have any questions.

Consent: I acknowledge that I have read the foregoing informed consent, have had the opportunity to discuss any questions that I have, and consent to cosmetic injections. I understand that I have the right not to consent to this treatment. I hereby release the doctor, the person performing the injection, and the facility from liability associated with this procedure.

_____

Print Name

_____

Patient Signature **Date**