

Pre-Consultation Form

1. PERSONAL INFORMATION

- **Name:**
- **Age:**
- **Phone (Cell phone / Home):**
- **Address:**
- **City:**
- **Country:**
- **Email:**

2. SURGERY INFORMATION

- **Describe the Procedure(s) you would like to perform:**

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- **Attach your photos in the email:**

-Required photos:

For Body Surgery (body photographs of Front, Back and Profile - face photos are not required for body surgeries).

For Face surgery (Face photographs of Front and Profile – both sides - body photos are not required).

3. MOTIVATION LETTER

- **How long have you been considering undergoing this type of surgery?**
- **What motivates you to pursue this surgery?**
- **Have you consulted with a plastic surgeon before? If yes, when and under what circumstances?**
- **Why did you choose Med Tour Plastic Mexico for your procedure?**

4. ARRIVAL DATE

- **When do you plan to arrive in Mexico? (Please provide a specific month or date so we can check availability).**
- **How many days can you stay in Mexico? (Depending on your procedure, a stay of 7 to 15 days may be required to ensure proper recovery).**
- **The PortoNovo Hotel & Suites 4***** is included in your package. Would you like to upgrade to a different hotel for an additional cost?**
- **Are you interested in excursions or tourist activities in Mexico? If yes, please share which places you'd like to visit.**

5. MEDICAL HISTORY

- **Height:**
- **Weight:**
- **Maximum Weight (ever):**
- **Chest Size:**
- **Waist Size:**
- **Do you smoke? If yes, how many per day?**
- **Do you drink alcohol? If yes, how often?**
- **Are you taking any drugs or medications? If yes, please specify.**
- **Are you undergoing any treatment? If yes, which one?**
- **Do you have allergies? If yes, please list.**
- **Are you allergic to any medications? If yes, please specify.**
- **Other health issues (if any):**
- **Are you diabetic?**
- **Do you have cholesterol problems?**
- **Do you have high blood pressure?**
- **Do you have anaemia?**
- **Have you experienced depression?**
- **Have you had any viral illnesses? If yes, which one?**
- **Have you undergone any surgeries before? If yes, which ones?**
- **Have you had cosmetic/plastic surgery? If yes, which procedures?**

6. GYNECOLOGICAL AND OBSTETRICAL HISTORY (WOMEN ONLY)

- **Number of pregnancies?**
- **Number of children?**
- **Number of caesareans?**
- **Would you like to have more children?**
If yes, when?
- **In Case of Breast Surgery**
What is your cup size?
- **Have you had mammography?**
If yes, when? What was the result?
- **Have you ever had breast cancer?**
Is there any family history of breast cancer?
If yes, which member of the family?