



Natural Image Cosmetic Surgery & MedCenter

25500 Rancho Niguel Road, Suite 280

Laguna Niguel, CA 92677

(949) 448-0487 Office (949) 448-8077 Fax

**Surgical History and Physical**

**Patient Name:**

**Date:**

Chief concern/complaint:

Pertinent past medical history:

Medication/s causing adverse or allergic reactions:

Current medications: include prescription, occasional, vitamins, herbs, and over the counter:

Previous surgeries (cosmetic or other):

**Review of systems:**

Do you smoke?	yes	no
Do you have a chronic cough?	yes	no
Prior cosmetic surgery? List:	yes	no
Any complications with previous surgeries?	yes	no
Heart problem, heart murmur, or irregular beat?	yes	no
Facial paralysis or Bell's Palsy?	yes	no
Horner's syndrome?	yes	no
High blood pressure?	yes	no
Hepatitis or liver disease?	yes	no
Excessive tearing, dryness or allergic reaction to eyes?	yes	no
Asthma or lung problems?	yes	no
Snoring or Obstructive Sleep Apnea?	yes	no
Have you ever had a formal sleep study?	yes	no
Do you have long periods of not breathing while asleep as noted by your partner?	yes	no
Do you use a CPAP machine?	yes	no
Do you find yourself falling asleep in the middle of the day?	yes	no
Abdominal or inguinal hernias?	yes	no
Kidney or thyroid problems?	yes	no
Previous back or nerve injury?	yes	no
History of seizure, neurological, or psychiatric problems?	yes	no

History of blood clots in legs or lungs? leg swelling?	yes	no
History of transfusion or positive HIV test?	yes	no
Are you pregnant or possibly pregnant?	yes	no
Are you using a reliable form of birth control?	yes	no
Do you have Raynaud's disease, lupus, scleroderma, or other collagen vascular disease?	yes	no
Do you have diabetes?	yes	no
History of autoimmune disorder?	yes	no
Have you taken Accutane? If so, when?	yes	no
Are you on your menstrual cycle? Where are you in your cycle?	yes	no
Any family history of complications from anesthesia?	yes	no
Have you had problems with excessive scar formation?	yes	no
Have you had problems with excessive or unexplained bleeding?	yes	no
Have you taken any of the following medications in the past three weeks?	yes	no
If so, please circle:		
Tranquilizers, anti-depressants, sulfa, diuretics, (water pills), diet pills, oral diabetic drugs, arthritis pain formula, blood thinners, birth control pills, Seldane, Hismanal, hormones, aspirin, Advil, Medipren, Midol, Motrin, Nuprin, Aleve, Ibuprofen, vitamin supplements, vitamin E, niacin (B3), ginseng, ginkgo biloba, garlic, kava kava, ma huang, ephedrine, St. John wort, golden seal, or multi-herb supplements?		
Have you ever had MRSA or been close to someone who has?	yes	no
Advised patient to not partake in any alcohol consumption 2 weeks prior to surgery ?	yes	no
Do you have any questions or concerns we have not addressed?	yes	no

#### PHYSICAL EXAMINATION:

Pre-op Vital Signs: B/P: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ TEMP: \_\_\_\_\_

Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Maximum Weight: \_\_\_\_\_ During Pregnancy? Y or N

General Appearance:

H, D, ENT:	WNL	ABNL
Heart: cardiac rhythm and heart sounds:	WNL	ABNL
Lung sounds:	WNL	ABNL
Abdominal Exam (peri-umbilical hernia):	WNL	ABNL
Neurological, spinal, or extremity exam:	WNL	ABNL
Genital/urinary examination (if indicated):	WNL	ABNL

Provisional Diagnosis:

SIGNATURE:

DATE:

Lenore M. Sikorski, M.D.



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## **Precautions Regarding Medications for Surgery Patients**

Please review the following list of medications, herbs, and vitamins at least 3 weeks prior to your scheduled procedure date. **It is very important that you DO NOT take any of the listed medications**, as this can greatly increase your risk of bruising and excess bleeding. **We also recommend that you do not consume any alcoholic beverages** in this time frame as well as due to an increase in the same risk discussed previously. Many common herbs, over the counter medications, and prescriptions are capable of causing complications during your surgery, extending recovery time, and can **jeopardize results**. Popular herbs such as Ginko Biloba, Kava Kava, and Garlic have been known to interact with commonly used anesthetics and cause serious complications. Many of these drugs are "hidden", especially in the preparations designed for dieting, allergies, arthritis, inflammation, headache, pain, colds/ flu, and multi-vitamin/herb preparations. If you are currently using prescription drug prescribed by a doctor other than Dr. Sikorski, check with that physician to be sure it will be in your best interest to discontinue your medication 3 weeks prior to, and one week after, your procedure. For your safety, all prescription drugs, over-the-counter medications, or health food store supplements must be reported to Dr. Sikorski or a staff member prior to procedure. Please take time to check all medications you are currently taking for any of the below listed ingredients!

### **Medications NOT recommended before procedure includes, but not limited to the following:**

Advil	Asprin	Darvon	Inocin
Alcohol	Bufferin	Doloboid	Indomethacin
Alka Seltzer	Brufen	Dristan	Meclomen
Aleve	Cephalagesic	Easprin	Medipren
Anacin	Cheracol Capsules	Ecptrin	Midol
Anaprox	Childrens Asprin	Empirin	Motrin
Anaproxin	Clinoril	Emprazil	Multi- Vitamins
APC	Cold Medicine	Excedrin	Nalfon
Arthritis Remedies	Congesprin	Feldene	Naprosyn
5 ASA	Cope	Fiornal	Norgesic
Ascodeen	Coricidin	Heparin	Nuprin
Ascription	Coumadin	Ibuprofen	Percodan

**Herbs/Vitamins NOT recommended before procedure includes, but not limited to:**

Capsium (Cayenne)	Melilotus (SweetClover)	Hydrastis (golden Seal)
Garlic	Ceanthus	Mahonia (Oregon Grape)
Ginko Biloba	Chrysanthemum Parthenium (feverfew)	Common Blueberry
Ginseng (AllTypes)	Leucanthemum (Oxe-Eye Daisy)	American Mandrake
Kava Kava	Chinese Red Sage	Populus Tremuliodes (Aspen)
St. John Wort	Betula (Birch)	Salix (Willow)
Vitamin E	Niacin	Multi- Vitamins
Juice Plus	Fish Oil	

**Medications that ARE allowed for headache, pain or allergy:**

Claritin	Fiorcet	Sudafed	Tylenol	Vitamin C	Darvocet
Imitrex	Zyrtec	Tylenol#3	Calcium		

**Please purchase Arnica Montana 500mg 12C and Bromelain 500 mg and start taking one week prior to Surgery.**

Dr. Sikorski and staff take your procedure very seriously and provide you with the best possible result. Please call the office at (949) 448-0487 if you have any questions or concerns regarding medications you are currently taking.

**I have read and understand the above and agree to abide by these terms.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**I confirm that I have not taken any of the above medications or consumed any alcoholic beverages the past three weeks.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



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## What to expect on the Day of Surgery

Please arrive at our AAAHC accredited outpatient surgery center at your scheduled appointment time. Upon arrival, a staff member will greet you and ask you to sign your surgical consent forms. These forms must be signed on the day of your surgery even though you may have previously done so on your pre-op day. You will be given a surgical gown to wear and your medical history will be reviewed briefly. A nurse will weigh you; take your pulse, blood pressure, and temperature. Pre-operative medications will be given at this time if needed. Using a felt tipped pen, Dr. Sikorski will mark the areas on your body to be treated. Your surgery will be approximately 30 to 60 minutes after your arrival. If you are having sedation administered by an anesthesiologist he or she will discuss your preferences with you at this time. *Again- Please be on time!!!*

The surgery plan will be discussed by you and Dr. Sikorski prior to the administration of medication. The area will be marked with a sterile pen, outlining areas of excess skin and/or fatty tissue to be removed. You will be asked to review these markings in a mirror for your final approval. After arriving in the operating room, the surgical site will be cleaned with antibacterial soap. Once comfortable on the operating table the procedure will begin.

### **Regarding Anesthesia:**

*For patients undergoing surgery with local anesthesia only:* We recommend applying Emla Cream (a topical numbing cream) to the surgical area 1-2 hours prior to your arrival time. If you are asked to do this, apply the cream in a thick layer and cover it with Saran wrap for better penetration and efficiency. An intravenous catheter is routinely placed in your hand or arm for safety purposes. This IV access is an added precaution and provides a route for additional medications during surgery if desired. Your blood pressure, oxygen content, and heart rate will be monitored constantly.

*For patients having IV sedation in addition to local anesthesia:* You will be in dream- like state throughout the procedure and will not feel any discomfort. In addition, you will not remember the surgery.

### **Even though you may feel well enough to drive yourself home, this is PROHIBITED.**

It is very important that you have a responsible adult remain with you for the first 18 hours following your procedure. Your vision may be blurry due to eye ointment used during the procedure; this is normal and expected. In addition, most patients are medicated prior to and during surgery; you will remain groggy for several hours upon returning home. Begin the recommended post-operative care immediately after arriving home. Arrange for a driver to transport you to the office for your first post-operative visit, usually 24-72 hours after surgery. If you wish, aftercare nurses are available for an additional charge. In this case, a specially trained nurse will pick you up from the surgery center and remain with you, attending to your every need.



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## **Preparing for Surgery Discontinuing Smoking**

Smoking is deleterious to the health of your skin. Smoking fills your blood vessels with carbon monoxide and reduces the amount of oxygen that reaches the skin. Nicotine is also a vasoconstrictor, which means this narrows the tiny blood vessels which carry oxygen to the skin. Smoking interferes with healing of skin wounds. It is contra-indicated in facelift surgery and jowlifts. It can also cause problems in any flap surgery that is used in skin cancer removal and closure.

Patients who smoke can cause a skin slough (lose areas of skin) and this can result in scarring. All patients are advised to stop smoking two weeks before procedures and for three weeks after. Nicotine gum and patches are contra-indicated because nicotine constricts blood vessels. Smoking cessation treatments, such as Wellbutrin and hypnosis do not interfere with blood flow to the skin and can be used.

I have read the above and I understand.

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Patient Signature

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Date

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Witness Signature

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Date



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## Preparing for Surgery Ride Agreement

This will confirm that I have been notified by staff members from Lenore M. Sikorski, M.D. Cosmetic Surgery and MedCenter that I fully understand I will not be allowed to drive myself home following surgery and I will not be allowed to take a taxi cab home. I will make prior arrangements for a responsible adult over the age of 18 years old to pick me up following surgery and remain with me for at least 18 hours after waking from anesthesia.

In addition, I understand that I must arrange for transportation to the office for my first post-operative visit. This usually takes place in 24-48 hours. Aftercare nurses are available at an additional charge should you require this service. A Registered Nurse will pick you up after surgery, care for you throughout the night, and return you to the office the following morning for your first post-operative check.

I agree to these terms and conditions and fully understand and accept any risks involved by not adhering to these precautions. If I do not make prior arrangements for my care following surgery, and aftercare nurse will be necessary and I will be fully responsible for her/his fee.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature on day of surgery

\_\_\_\_\_  
Date



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## Preparing for Surgery Alcohol Usage

To ensure the most successful surgical experience Dr. Sikorski recommends that you maintain or begin building a healthy lifestyle. Important aspects of a healthy lifestyle are: moderate exercise, improved diet, smoking cessation, and very importantly to reduce your intake of alcohol.

All patient are advised to refrain from alcohol usage for 2 weeks prior and 2 weeks following surgery. Alcohol (including wine and beer) is a blood thinner and can increase the risk of bleeding during surgery, as well as contribute to increased bruising, hematoma development, and delayed would healing following surgery. If you are planning Blepharoplasty surgery of your eyelids, alcohol usage is especially deleterious. Alcohol can contribute to the onset of a periorbital hematoma causing increased intraocular pressure, which if left untreated can lead to blindness.

I have read the above and understand the effects of alcohol usage as it relates to my surgery. **I will refrain from any alcohol usage for 2 weeks prior to surgery and 2 weeks following surgery.**

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Patient Signature

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Date

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Witness Signature

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Date



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Lenore Sikorski, MD

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## STANDARD PATIENT-PHYSICIAN ARBITRATION AGREEMENT

1. It is understood that any dispute as to medical malpractice, this is, as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not be a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, this arbitration agreement, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

2. ALL CLAIMS MUST BE ARBITRATED. I understand that all claims for damages arising from medical services rendered by Dr. Lenore M. Sikorski and/or any associate or substitute physicians, nurses or employee must be arbitrated. This includes any claim of a spouse, heir, child (born or unborn), or other successor in interest to any such claim.

3. ARBITRATION PANEL. Within 30 days of demand to arbitrate a dispute, which must be made in writing, the parties shall agree on a panel of three medical arbitrators. Each party will bear the costs for their own legal counsel, and other expenses incurred for their own benefit, as well as their pro rata share of arbitration expenses.

4. APPLICABLE LAW. I agree that the California Code of Civil Procedure relating to arbitration shall apply without exception.

5. REVOCATION OF THE AGREEMENT. This agreement may be revoked and canceled by written notice delivered to Dr. Sikorski within 30 days of the signing of this agreement. If notice of revocation of this agreement is not received within 30 days of it signing, the right to cancel the agreement is forever waived.

6. RETROACTIVE EFFECT. If the signing party intends this agreement to cover all services rendered before the date of the signing of this agreement (including, but not limited to prior consultation or treatment), the signing party must initial here: \_\_\_\_\_.

7. ACKNOWLEDGMENT. By signing this agreement, the signing party acknowledges he/she has discussed to his/her satisfaction any questions he/she may have had regarding the arbitration agreement with Dr. Sikorski, an associate physician, or authorized legal representative of Dr. Sikorski, and he/she has freely negotiated all terms herein set forth.

8. If any provisions of this arbitration agreement should be held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provisions.

**NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.**

\_\_\_\_\_  
Patient Name (Please print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

If signed by other than the patient, indicate relationship: \_\_\_\_\_

Physician agrees to arbitrate. In consideration of the foregoing execution of the Patient-Physician Arbitration Agreement, Lenore M. Sikorski, M.D. and staff likewise agree to be bound by these terms set forth in the agreement.