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| **Patient History Form** |

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| Date: |
| Name |  | Birthdate: |
| Occupation |
| Address |
| Telephone |
| What cosmetic surgery or procedure(s) currently interest you? |
| Have you had any cosmetic surgeries and/or procedures? If so, what and when? |
| If so, were you satisfied with the results? |
| Have you had surgery in the past? |
| If yes, please list date and operation: |
| Please list all prescription medicines that you are now taking: |
| What is your Height?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weight? |
| Do you have a family history of any of the following? Please check the below, if none, then leave it blank.HypertensionStrokeHeart DiseaseDiabetesCancerAnemiaOther |
| How would you describe your health status (excellent, good, fair, poor)? |
| If you are considering a total body lift after weight loss, please answer the following |
| How did you lose weight? |
| How much weight did you lose? |

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| **Past medical history** |
| Do you now or have you ever had: |  |  |
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| ❑ Diabetes | ❑ Heart murmur | ❑ Crohn’s disease |
| ❑ High blood pressure | ❑ Pneumonia | ❑ Colitis |
| ❑ High cholesterol | ❑ Pulmonary embolism | ❑ Anemia |
| ❑ Hypothyroidism | ❑ Asthma | ❑ Jaundice |
| ❑ Goiter | ❑ Emphysema | ❑ Hepatitis |
| ❑ Cancer (type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Stroke | ❑ Stomach or peptic ulcer |
| ❑ Leukemia | ❑ Epilepsy (seizures) | ❑ Rheumatic fever |
| ❑ Psoriasis | ❑ Cataracts | ❑ Tuberculosis |
| ❑ Angina | ❑ Kidney disease | ❑ HIV/AIDS |
| ❑ Heart problems | ❑ Kidney stones |  |
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| Other medical conditions (please list): |  |
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# Please attach photos of the concerned areas to the form. Dr. Mohamed Hazem Abdelazeem will evaluate your case and decide whether to accept it or not after his evaluation. If he accepts your case, we will arrange for the Zoom meeting.

**Online consultation rules**

Please read the privacy policy below.

Dr. Mohamed's team will contact you to schedule an appointment. A reminder will be sent to you a day before the appointment, followed by another reminder an hour before the meeting with the link to join.

With the benefit of taking your meetings from anywhere, it is especially important that you are on time for your online meetings.

If you don't have the Zoom app, please download it or ask our team to send you the link, in case you don't know how to use it. We will be delighted to send you the instructions.

* Position your camera close to the screen you’re looking at.
* Enter the room a few minutes early to resolve any technical issues.
* Be mindful of background noise and distractions around you as much as possible.

**Privacy policy**

Dr. Mohamed Hazem Abdelazeem, Face & Body Clinic, is providing online consultations using video conference or voice calling.

This agreement applies to online medical consultation services provided by Dr. Mohamed Hazem Abdelazeem, Face & Body Clinic.

Patients may share images or videos of the affected areas of their bodies with the clinic only if it is absolutely necessary for diagnosing his/her condition and if he/she is personally comfortable sharing such images or videos.

Patients agree not to record video or audio during a Zoom meeting. Patients are not allowed to use any part of the meeting. The clinic agrees that they shall not disclose any information or documentation provided by a patient to any other person, nor shall they allow, by act or omission, such information or documentation to be acquired by any other person.

By participating in the Zoom meeting, the patient is accepting the terms of this policy. These Terms and Conditions are governed by Egyptian law and Zoom's privacy policy.