



tenley k lawton m.d.
BOARD CERTIFIED PLASTIC SURGEON

SURGERY QUESTIONNAIRE

1. Have you experienced motion sickness in the past?

Yes____ No____

2. Have you experienced nausea after previous surgeries?

Yes____ No____

3. Have you taken any medication in the past that has caused nausea?

Yes____ No____

If yes, please list medication if known.

4. Do you anticipate that you will be on your menstrual cycle at the time of your procedure?

Yes____ No____

PATIENT'S SIGNATURE: _____

RESPONSIBLE PARTY: _____

TIME: _____ DATE: _____

WITNESS: _____