MissionPlasticos
Treat. Train. Transform.

Reshaping Lives America
Providing Reconstructive Surgery for People Living in Poverty

Reshaping Lives: FULL CIRCLE
MissionPlasticos + TIGER AESTHETICS

Guidelines / Application

Patients may be referred for outpatient, low risk & medically necessary procedures.
Available services depend on availability of volunteer doctors.

In order to qualify, a patient must:

- **Not have health insurance or be underinsured**
- **Earn less than 250% of the Federal Poverty Level**
- **Not require ongoing care by surgeon for successful recovery**

Patient Name: _____

Address: _____

_____

Phone#: _____ **Email**: _____

Emergency contact: _____ **Contact phone#**: _____

Language: _____ **Ethnicity**: _____

English speaker in household? Yes No

Date of birth: _____ **Sex**: Female Male

Surgical procedure requested: _____

Indicate all existing or past conditions:

Heart Disease Stroke Hypertension Lung Disease Kidney Disease Diabetes

Cancer Family History of Cancer Active Substance Abuse History of Substance Abuse

Other: _____ Previous hospitalizations: _____

History of mental health diagnosis or illness? Yes No If yes, please list your diagnosis: _____

History of suicide attempts? Yes No

If yes, please indicate number of attempts and dates: _____

History of self-injurious behavior? Yes No If yes, please indicate last date: _____

History of psychiatric hospitalization? Yes No If yes, please indicate last date: _____

Previous Anesthesia? Yes No Not Known

If yes, any complications? Yes No Not Known

If yes, please describe: _____

Please list any medications you are currently taking: _____

Allergies: _____

Weight: _____ **Height**: _____ **BMI**: _____