



## Client Intake & Post-Care Experience Form

### 1. Personal Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone (WhatsApp preferred): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (Name + Phone): \_\_\_\_\_

### 2. Medical History (mark X if applicable)

High blood pressure

Diabetes

Thyroid disorder

Heart disease

Autoimmune condition

Bleeding/clotting disorder

Allergies: \_\_\_\_\_

Previous surgeries: \_\_\_\_\_

Current medications: \_\_\_\_\_

Smoking/nicotine use

Additional notes: \_\_\_\_\_

### 3. Surgical / Treatment Goals

Procedure(s): \_\_\_\_\_

Desired outcome: \_\_\_\_\_

Concerns: \_\_\_\_\_

#### **4. Travel & Logistics**

Traveling alone: \_\_\_\_\_

Length of stay: \_\_\_\_\_

Surgery abroad before: \_\_\_\_\_

#### **5. Post-Care Support Style (mark X)**

Independent

Guided support

Hands-on care

Emergency-only contact

#### **6. Communication Preferences**

Preferred method: \_\_\_\_\_

Frequency: \_\_\_\_\_

#### **7. Comfort & Environment**

Quiet/private: \_\_\_\_\_

Shared environment ok: \_\_\_\_\_

Special needs: \_\_\_\_\_

#### **8. Aftercare Expectations (mark X)**

Clear instructions

Emotional reassurance

Medical oversight

Help with logistics

Transportation

Private recovery space

#### **9. Acknowledgment**

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

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