

PATIENT HISTORY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_

Date of last physical: \_\_\_/\_\_\_/\_\_\_ Date of last mammogram: \_\_\_/\_\_\_/\_\_\_ Results: Normal or Abnormal

**HAVE YOU OR DO YOU:** (please circle)

1. Talked with other plastic surgeons about this problem?  
YES or NO
2. Have any bleeding after surgery or dental procedures?  
YES or NO
3. Had any complications from surgery, dental work, difficult to numb?  
YES or NO
4. Any history of Motion Sickness?  
YES or NO
5. Have any significant emotional disorder?  
YES or NO
6. Had any prior plastic surgery?  
YES or NO
7. ARE YOU PREGNANT OR BREAST FEEDING? YES or NO
8. Any religious reasons NOT to accept a blood transfusion? YES or NO **CHECK ALL**

**THAT APPLY**

**Allergic or had a bad reaction to:**

- \_\_\_ Anesthesia
- \_\_\_ Antibiotics
- \_\_\_ Codeine
- \_\_\_ Demerol
- \_\_\_ Adhesive Tape
- \_\_\_ Latex
- \_\_\_ Aspirin
- \_\_\_ Sulphur
- \_\_\_ Penicillin
- \_\_\_ Local anesthesia
- \_\_\_ Iodine
- \_\_\_ Morphine
- \_\_\_ Others \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Do you take:**

- \_\_\_ Blood Pressure medication
- \_\_\_ Heart medication
- \_\_\_ Diet Pills
- \_\_\_ Diuretics (water pills)
- \_\_\_ Vitamins
- \_\_\_ Tranquilizers
- \_\_\_ Alcohol
- \_\_\_ Sleeping Pills
- \_\_\_ Pain medications
- \_\_\_ Accutane
- \_\_\_ Hormone replacement
- \_\_\_ Anti-inflammatory drugs
- \_\_\_ Blood thinning medications
- \_\_\_ Herbal supplements

**TOBACCO HISTORY:**

- \_\_\_ Cigarettes/Cigar/Chew
- \_\_\_ Non-Smoker
- \_\_\_ Smoker.
- How Much? \_\_\_\_\_
- Medications:** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Do you have or have**

**you had any of the following:**

- \_\_\_ Cancer
- \_\_\_ Radiation therapy/ Chemotherapy
- \_\_\_ Shortness of breath
- \_\_\_ Mitral Valve Prolapse
- \_\_\_ Heart attack
- \_\_\_ Arrhythmias(irregular heart beat)
- \_\_\_ Asthma or Breathing disorders
- \_\_\_ Bronchitis
- \_\_\_ Headaches
- \_\_\_ Drug Abuse
- \_\_\_ Alcoholism
- \_\_\_ Seizures
- \_\_\_ Depression
- \_\_\_ Facial Paralysis
- \_\_\_ Psychiatric therapy
- \_\_\_ Dry Eye
- \_\_\_ MRSA (Staph) culture of nose/infection
- \_\_\_ Diabetes
- \_\_\_ Bruise easily
- \_\_\_ Nose bleeds
- \_\_\_ Cold sores(Fever blisters)
- \_\_\_ Keloids/hypertrophy scar
- \_\_\_ Hepatitis
- \_\_\_ Lupus
- \_\_\_ AIDS



TB

Blood clots in chest or legs

Lyme Disease

Anemia

Vision problems

Thyroid disease

HIV

Scleroderma

Melanoma

Arthritis

**LIST ALL PREVIOUS COSMETIC AND MEDICAL SURGERIES:**

PROCEDURES: \_\_\_\_\_ DATE: \_\_\_\_\_ DR: \_\_\_\_\_

PROCEDURES: \_\_\_\_\_ DATE: \_\_\_\_\_ DR: \_\_\_\_\_

PROCEDURES: \_\_\_\_\_ DATE: \_\_\_\_\_ DR: \_\_\_\_\_