

AESTHETIC & RECONSTRUCTIVE PLASTIC SURGERY PA

772-562-5859

3790 7th Terrace, Suite 101, Vero Beach, FL 32960
 Health Information as of _____ (enter today's date)
 (Please Print Legibly & Fill In or Correct All Fields)

Patient:			
DOB	Age	Family M.D.	Weight lbs
What are you being seen for?			Height ft in

DO YOU NOW OR HAVE YOU EVER HAD..... (You must circle an answer for each individual item)

High Blood Pressure	Yes	No
Heart Attack	Yes	No
Heart murmur	Yes	No
Irregular Pulse (ex: Atrial Fibrillation)	Yes	No
Stroke or TIA	Yes	No
Congestive Heart Failure	Yes	No
Chest Pain	Yes	No
Rheumatic Fever	Yes	No
Asthma	Yes	No
Chronic Bronchitis	Yes	No
Emphysema	Yes	No
Nervous Disorder	Yes	No
Drug Habit. If yes, What _____	Yes	No
Psychiatric Hospitalization or Care	Yes	No
Thyroid Disease	Yes	No
Gallstones or Gallbladder Trouble	Yes	No

Glaucoma	Yes	No
Cirrhosis of the Liver	Yes	No
Diabetes	Yes	No
Skin Cancer	Yes	No
Arthritis	Yes	No
Frequent Indigestion	Yes	No
Kidney Disorder	Yes	No
Seizures	Yes	No
Breast Cancer	Yes	No
Bleeding Disorder	Yes	No
Positive blood test for: HIV, AIDS, Hepatitis	Yes	No
Family History		
Heart Disease	Yes	No
Cancer	Where? _____	Yes No
		Yes No

1. **Please list all present medications with dosage and frequency** including birth control pills, hormones, and vitamins, herbal medication, diuretics, weight loss drugs. **Include over-the-counter medications.**

Pharmacy Name and Location: _____

2. Do you have an allergic reaction to any medication? Yes No Which? _____

3. Have you, or any member of your family, ever had any difficulties with anesthesia? Yes No

4. Do you have consume regular amounts of alcoholic beverages Yes No If so, how much? _____

5. Do you smoke? Yes No If so, how much? _____ For how long? _____

6. How many pregnancies? _____ Births? _____ Breast Fed? Yes No How long? _____

7. Date and Location of your last Mammogram? _____

8. Please list **ALL** surgeries, including procedures done for cosmetic reasons: (include where and when for each surgery): _____

By signing below, I agree that the above information is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____