

Medical History

IN ORDER THAT WE MAY KNOW A LITTLE BIT MORE ABOUT YOU, PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR PRESENT PROBLEM AND MEDICAL HISTORY.

1. Briefly describe why you are here.
2. What made you consider cosmetic surgery?
3. Have you seen any other doctors for this problem? When?
4. How did you hear about this Center?

THE REMAINING QUESTIONS ARE ABOUT YOUR MEDICAL HISTORY

1. Do you have any allergies to medications? No _____ Yes _____
Please list medications: _____
2. Are you presently taking any medications? No _____ Yes _____
Please list medications: _____
3. Are you diabetic? No _____ Yes _____
If yes, are you controlled by insulin, pills or diet? No _____ Yes _____

How many years have you been a diabetic? _____
4. Are you being treated for high blood pressure? No _____ Yes _____
If yes, for how many years? _____
5. Have you ever had tuberculosis? No _____ Yes _____
Did you take any medications for it? No _____ Yes _____
If yes, what did you take? _____
6. Have you ever had hepatitis? No _____ Yes _____
7. Have you ever been diagnosed as having epilepsy? No _____ Yes _____
8. Have you ever been diagnosed as being H.I.V. Positive? No _____ Yes _____
9. Have you ever had herpes (cold sores) on your lips
(inside your mouth)? No _____ Yes _____
10. Do you smoke cigarettes, cigars, or a pipe? No _____ Yes _____
If yes, how much per day? _____
11. Do you drink alcohol? No _____ Yes _____
If yes, how much per week? _____

HAVE YOU EVER HAD ANY PROBLEMS OR DISEASES IN THE AREAS LISTED BELOW? IF YES, PLEASE EXPLAIN.

	NO	YES	IF YES, EXPLAIN. WERE YOU HOSPITALIZED?
Head	_____	_____	
Eyes	_____	_____	
Ears	_____	_____	
Mouth	_____	_____	
Throat	_____	_____	
Lungs	_____	_____	
Heart	_____	_____	
Stomach	_____	_____	
Bowels	_____	_____	
Kidneys	_____	_____	
Bladder	_____	_____	
Liver	_____	_____	
Extremities	_____	_____	
Circulation	_____	_____	
Other Areas	_____	_____	

PREVIOUS SURGERY:

HOW DID YOU HEAR ABOUT OUR OFFICE:

- Friend _____
- Phonebook _____
- Doctor _____
- Advertisement _____
- Other _____