



# Kaufman & Clark Plastic Surgery

Date \_\_\_\_\_

Patient \_\_\_\_\_ Chart # \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

## MEDICAL HISTORY

*Please Print*

PLEASE FILL OUT THE FOLLOWING INFORMATION COMPLETELY. IF YOU ARE UNSURE OF ANY INFORMATION REQUESTED, PLEASE BE SURE TO ASK YOUR PHYSICIAN AT THE TIME OF YOUR APPOINTMENT. PLEASE RESPOND TO EACH STATEMENT AND ANSWER "N/A" IF APPROPRIATE. THANK YOU!

Height \_\_\_\_\_ Weight \_\_\_\_\_

Vision: Do you wear glasses? \_\_\_\_ Yes \_\_\_\_ No      Contacts? \_\_\_\_ Yes \_\_\_\_ No

Are you legally blind? \_\_\_\_ Yes \_\_\_\_ No      \_\_\_\_ Rt. Eye \_\_\_\_ Left Eye \_\_\_\_ Both Eyes

Are you ALLERGIC to any MEDICATIONS and/or FOODS? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain below.

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any MEDICATION? This includes any form of DIET PILLS or weight loss supplements \_\_\_\_ Yes \_\_\_\_ No If yes, please list below.

\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to LATEX? \_\_\_\_ Yes \_\_\_\_ No If yes, have you been tested \_\_\_\_ Yes \_\_\_\_ No

Are you currently taking any medication that contains aspirin? \_\_\_\_ Yes \_\_\_\_ No If so, please circle any in this following list~Aspirin~Bayer~Excedrin~Ibuprofen~Advil~Neprin~Motrin or any other medication for Arthritis or Other: \_\_\_\_\_

Prior Surgeries? \_\_\_\_ Yes \_\_\_\_ No If Yes, Please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any Complications with Anesthesia? \_\_\_\_ Yes \_\_\_\_ No

Any significant illness as a child? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Please explain: \_\_\_\_\_

Any significant illness as an adult? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Please explain: \_\_\_\_\_

Any significant illness in your family? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Please explain: \_\_\_\_\_

Do you smoke? \_\_\_\_ Yes \_\_\_\_ No If yes, how much per day? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_ Yes \_\_\_\_ No If yes, How much per week? \_\_\_\_\_

**PLEASE TURN THIS PAGE OVER AND COMPLETE THE MEDICAL INFORMATION**



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**PLEASE CIRCLE THE APPROPRIATE RESPONSE Y-YES N-NO U-UNSURE**

## **AIRWAY**

Capped, chipped, broken teeth Y N U  
 Difficulty opening your mouth fully Y N U

## **RESPIRATORY**

Used tobacco within the year Y N U  
 Persistent cough Y N U  
 Sputum, phlegm, mucus production Y N U  
 Asthma, wheezing Y N U  
 Bronchitis, Emphysema, COPD  
 Tuberculosis Y N U  
 Shortness of breath after walking two  
 flights of stairs Y N U  
 Recent cold Y N U  
 Do you use a breathing device Y N U  
 If yes, can you bring it with you that  
 Day of surgery? Y N U

## **HEART**

Chest pain, angina, MI, heart attack Y N U  
 Leg swelling, edema, CHF Y N U  
 Paralysis Y N U  
 High blood pressure Y N U  
 Heart murmur, prolapsed mitral valve,  
 Rheumatic fever Y N U  
 Leg cramps when walking Y N U

## **SKIN**

Problems with wounds healing Y N U  
 Scar badly Y N U  
 Bruise easily, excessive bleeding Y N U  
 Allergic reaction to adhesive tape Y N U

## **ENDOCRINE**

Diabetes, if yes will you need and insulin  
 Order from your doctor Y N U  
 Thyroid problems, heat or cold  
 Intolerance Y N U  
 Low blood sugar Y N U

## **ABDOMEN**

Hiatal hernia, frequent  
 regurgitation, heartburn Y N U  
 Ulcers, vomiting blood  
 hepatitis, jaundice Y N U  
 Liver disease, cirrhosis Y N U  
 Kidney disease Y N U

## **GENITOURINARY**

Could you be pregnant Y N U  
 Difficulty passing urine Y N U  
 At risk for AIDS or venereal  
 diseases Y N U

## **MUSCULOSKELETAL**

Physical limitations, appliances, or  
 prosthesis Y N U  
 Arthritis (jaw, neck, back) Y N U  
 Phlebitis Y N U

## **NEUROLOGICAL/PSYCHIATRIC**

Seizures, convulsions, fainting,  
 epilepsy Y N U  
 Stroke, fleeting blindness or  
 weakness Y N U  
 Psychiatric treatment Y N U  
 Anxious about possible surgery Y N U

## **GENERAL**

Headaches, unexplained  
 weight loss Y N U  
 Steroid use within 1 yr. Y N U  
 Blood transfusion Y N U  
 Have used recreation drugs Y N U  
 Anemia or bleeding disorder Y N U  
 Glaucoma Y N U  
 Chemotherapy(w/in 6 months) Y N U

**If you answered YES to any of the above, please explain:**

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