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## Plastic Surgery Centre

### MEDICAL HISTORY

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

Who may we thank for your referral? \_\_\_\_\_

Family Physician: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Current medical conditions (diabetes, heart problems, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_

\_\_\_\_\_

Have you EVER taken or been treated with Accutane?  YES  NO

Have you ever had:

- HEART MURMUR
- HEART DISEASE
- HEART SURGERY
- RHEUMATIC FEVER
- LUNG TROUBLE
- SHORTNESS OF BREATH
- SWELLING OF ANKLES
- BLEEDING PROBLEMS
- HIGH OR LOW BLOOD PRESSURE

- JAUNDICE
- CONVULSIONS
- DIZZINESS
- DIABETES/TAKEN INSULIN
- KIDNEY DISEASE
- PAIN IN CHEST
- PAIN IN ARMS
- ASTHMA

Are you allergic to:

- PENICILLIN
- ASPIRIN
- CODEINE
- DEMEROL
- ANESTHETIC/NOVOCAINE
- ANY FOODS
- OTHER DRUG/MEDICATION
- DO YOU WEAR CONTACTS

Please list any allergies not mentioned above: \_\_\_\_\_

\_\_\_\_\_

Do you smoke?  YES  NO How Often? \_\_\_\_\_ How many cigarettes? \_\_\_\_\_

Have you ever had a general anesthetic before?  YES  NO For What? \_\_\_\_\_

Describe any problems: \_\_\_\_\_

If you are under the care of a physician at this time, please state the nature of the problem: \_\_\_\_\_

\_\_\_\_\_

Are you taking any pills, or other medications at this time? \_\_\_\_\_

Is there anything about your physical condition that should be called to the Dr's attention? \_\_\_\_\_

\_\_\_\_\_

Have you ever consulted a plastic surgeon?  YES  NO

Have you had previous plastic surgery?  YES  NO