Medical History

Name_____ Date_____

Height_____Weight_____If female, are you pregnant? ☐ Yes ☐ No

MEDICATIONS/DRUGS-Please list ALL medications you are now taking including over-the- counter medicines and herbals. List Dosage.

1. _____ 5. _____ 9._____
2. _____ 6. _____ 10. _____
3. _____ 7. _____ 11. _____
4. _____ 8. _____ 12. _____

ALLERGIES- Please list all allergies and or sensitivities along with associated reaction.

1. _____Rxn_____ 5. _____Rxn_____
2. _____Rxn_____ 6. _____Rxn_____
3. _____Rxn_____ 7. _____Rxn_____

Previous Surgical Procedures Year Hospital or City Surgeon Anesthesia (Local or General)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Other Hospitalizations, illness or injuries (if different than above)

1. _____
2. _____

What is your approximate DAILY consumption of the following

Aspirin_____ Nicotine (Tobacco, Nicotine gum, etc.)_____ Alcohol_____

Past Medical History- Please check all that applies to you. I HAVE HAD OR HAVE:

- ☐ Asthma
- ☐ Shortness of breath/COPD/Wheezing
- ☐ Respiratory problems
- ☐ Diabetes
- ☐ Thyroid Disorder
- ☐ Chest Pain/Tightness
- ☐ Heart Disease
- ☐ Heart Attack
- ☐ Heart Murmur
- ☐ Irregular Heart Beat
- ☐ High Blood Pressure
- ☐ Pacemaker
- ☐ Phlebitis
- ☐ Pulmonary embolism/blood clot
- ☐ Stroke
- ☐ Varicose Veins
- ☐ Anemia
- ☐ Bleeds easily
- ☐ Blood transfusion
- ☐ Taking blood thinners
- ☐ Autoimmune /Rheumatoid disease
- ☐ Arthritis
- ☐ Transplant Anti Rejection Drugs
- ☐ Breast Cancer
- ☐ Cancer
- ☐ Bladder Problems
- ☐ Kidney Problems
- ☐ Hepatitis A,B, or C
- ☐ HIV Positive
- ☐ Ulcer disease/Stomach problems
- ☐ Epilepsy or Seizures
- ☐ Fainting
- ☐ Migraines
- ☐ Paralysis
- ☐ Accutane in the last 3 months
- ☐ Changing moles or skin lesions
- ☐ Acne
- ☐ Dark spots after pregnancy
- ☐ Displastic Nevus
- ☐ Herpes simplex or fever blisters
- ☐ Hirsutism
- ☐ Keloid or thick scars
- ☐ Melanoma
- ☐ Psoriasis or Vitiligo
- ☐ Skin Cancer
- ☐ Skin Disease
- ☐ Bad reaction to general anesthesia
- ☐ Required unusually large amounts of Local anesthesia
- ☐ Post Op Nausea
- ☐ Nausea, vomiting, diarrhea when taking antibiotics
- ☐ Yeast infection with antibiotics
- ☐ Psychiatric care or advised to see a Psychiatrist
- ☐ Significant emotional problems
- ☐ Recreational drug use
- ☐ IV drug use
- ☐ Allergic to adhesive tape

Family History

- ☐ Abnormal Bleeding
- ☐ Abnormal Clotting
- ☐ Anesthesia Problems
- ☐ Breast Cancer
- ☐ Hemophilia
- ☐ Malignant Hyperthermia
- ☐ Von Willebrand
- ☐ Bad reaction to anesthesia

Please explain all positive answers on the reverse side