Tanasbourne Plastic Surgery

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MEDICAL HISTORY

Patient Name: ______________________ Date: ______________

Height: __________ Weight: __________ Bra Size (If for breast surgery): __________

Email Address: ______________________

Tobacco Use: ❑ Never ❑ Current ❑ Previous Quit Date:________ ❑ Smoke ❑ Chew Frequency/PPD: ________

Aspirin Use: ❑ None ❑ Occasional ❑ Frequent

Alcohol Use: ❑ None Type: __________ Frequency: __________

CHECK IF YOU HAVE A HISTORY OF:

NO	YES		DETAILS / DATES
❑	❑	Bleeding Disorders/Problems	
❑	❑	Diabetes	
❑	❑	Cancer	
❑	❑	Heart Disease	
❑	❑	Lung Disease	
❑	❑	Ulcers	
❑	❑	Liver Disease	
❑	❑	Bowel Disease	
❑	❑	Kidney Disease	
❑	❑	Epilepsy or Neurological Disorder	
❑	❑	Hepatitis	
❑	❑	High Blood Pressure	
❑	❑	MSRA Infection	

CHECK IF YOU HAVE A FAMILY HISTORY OF:

NO	YES		FAMILY MEMBER?			LIVING?		Age at time of death
❑	❑	Cancer		❑ Maternal	❑ Paternal	❑ Yes	❑ No	
❑	❑	Diabetes		❑ Maternal	❑ Paternal	❑ Yes	❑ No	
❑	❑	High Blood Pressure		❑ Maternal	❑ Paternal	❑ Yes	❑ No	
❑	❑	Heart Disease		❑ Maternal	❑ Paternal	❑ Yes	❑ No	
❑	❑	Bleeding Disorders/Problems		❑ Maternal	❑ Paternal	❑ Yes	❑ No	

LIST DRUG ALLERGIES: **(Side Effects)**

1. ______________
2. ______________
3. ______________
4. ______________

LIST MEDICATIONS / DOSAGE:

1. ______________
2. ______________
3. ______________
4. ______________

Any complication of anesthesia? ❑ Yes ❑ No If yes: ❑ Local ❑ General Explain: __________

PREVIOUS SURGERY: **(Date)** **(Explain)**

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Pharmacy of Choice: ______________ **Location:** ______________