

Elan Institute for Plastic Surgery

MEDICAL HISTORY QUESTIONNAIRE

Name _____

Age _____

Reason for Visit _____

ALLERGIES AND SENSITIVITIES (please circle)

Penicillin

Aspirin

Other Antibiotics

Adhesive Tape

Xylocaine

Shell-fish

Codeine

Eggs

Other (list) _____

MEDICATIONS (CIRCLE GROUP YOU ARE CURRENTLY TAKING)

Cortisone or Steroids

Sedative, Sleeping Pills, Tranquilizers, Anti-anxiety

Anti-depressant Medication

Blood Pressure Medication

Medication for your heart

Diabetic Medication

Thyroid Medication

Aspirin, Coumadin, Heparin

Birth Control Pills/Hormone Replacement Therapy

Diet Pills

Herbal/Homeopathic Plants or Medication

Other _____

SOCIAL HISTORY (please circle)

Tobacco or Cigarettes None Socially 1pack/day or less 2packs/day More

Alcohol None Socially Daily

Drugs None Marijuana Cocaine Other

SURGICAL HISTORY

Type_____

Date_____

Type_____

Date_____

Type_____

Date_____

Type_____

Date_____

Did you experience any problems or complications during or following your surgery?

No___ Yes___ If yes, please explain_____

PAST MEDICAL HISTORY (please list any hospitalizations below)

Purpose_____

Date_____

Purpose_____

Date_____

Purpose_____

Date_____

If female, have you ever had a mammogram?

If yes, please state most recent date and result_____

Is there a family history of breast cancer in your family? Yes___ No___

If yes, what is their relationship to you?_____

REVIEW OF SYSTEMS (please check)

	Yes	No		Yes	No
Skin Disease	___	___	High Blood Pressure	___	___
Ear, Nose, Throat	___	___	Rheumatic Fever	___	___
Thyroid	___	___	Anemia	___	___
Palpitations	___	___	Bleeding Problems	___	___
Diabetes	___	___	Arthritis	___	___
Asthma	___	___	Liver Problems	___	___
Chest Pain	___	___	Pregnant	___	___
Shortness of Breath	___	___	Tuberculosis	___	___
Hepatitis	___	___	HIV	___	___

Is there any other history not noted above which the doctor should be aware of?

If yes, please explain_____

This information is correct and true to the best of my knowledge.

Patient Signature_____

Date_____

Parent/Guardian Signature_____

Date_____