

# ARROWHEAD PLASTIC SURGEONS, INC.

## Medical History Form

Date: \_\_\_\_\_

Please check YES or NO to each question below. For your benefit, please answer the questions as accurately as possible so we can determine your physical condition before any medical treatment. If you do not understand a question, or are uncertain of your answer please place a (?) next to that specific question.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ FAMILY PHYSICIAN: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ TELEPHONE (H): \_\_\_\_\_ (W): \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_

HISTORY OF	Yes	No	PROSTHESIS / AIDS	Yes	No
Arthritis			Dentures / Crowned teeth		
Blood Disorders			Loose Teeth		
Bleeding Tendencies			Contact Lenses / Glasses		
Cancer / Tumors / Growths			Hearing Aids		
Diabetes			Artificial Limb		
Heart Disease			Cane / Crutches / Walker		
Angina / Chest Pain			Metal Implants		
Murmur / Mitral Valve Prolapse			Pacemaker		
High Blood Pressure			Ostomy Equipment		
Hiatal Hernia / Reflux			Urinary Catheter		
Kidney Disease			<b>ALLERGIES / LIST</b>		
Liver Disease / Jaundice			Drugs		
Hepatitis			Food		
Shortness of Breath on Exertion			Skin conditions		
Asthma / Bronchitis			Latex		
Tuberculosis Exposure			Other:		
Neurological Disorder			<b>HABITS</b>		
Stroke			Alcohol Use: Amount?		
Seizures			Tobacco Use: Amount?		
Depression / Psychiatric Treatment			Anabolic/Androgenic Steroid Use		
Venereal Disease			Recreational Drug Use		
HIV Positive			IV Drug Use		
Recent Cold / Flu			Body Piercing: Where?		

If you answered "YES" to any of the above questions, please explain below: \_\_\_\_\_

Prescription/nonprescription medications presently taken (including vitamins, herbal remedies): \_\_\_\_\_

Previous hospitalizations and/or surgeries: \_\_\_\_\_

Have you or a relative, ever had a problem with anesthesia or a history of unexplainable high fever after surgery? If yes, please specify: \_\_\_\_\_

Are second opinions or predetermination's required by your insurance? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please bring completed form with you to your appointment. Thank you, Arrowhead Plastic Surgeons, Inc.