PLASTIC SURGERY SERVICES **MEDICAL HISTORY SHEET** **HENRY F. GARAZO, MD, FACS**

Name: _____ Date: _____ Chart#: _____ **ALLERGIES**: ___NONE
Birth Date: _____ Age: _____ Height: _____ Weight: _____lbs. _____
Fitz: _____
*****REASON FOR VISIT TODAY:***** _____
_____
_____
_____
_____

LIST PROBLEM AREAS: (If Applicable)

1) _____; Duration: _____ Bleed /Scab/Crust: ___ Itch: ___ Pain: ___ ↑size: ___ Δ 'd color: ___
2) _____; Duration: _____ Bleed /Scab/Crust: ___ Itch: ___ Pain: ___ ↑size: ___ Δ 'd color: ___
3) _____; Duration: _____ Bleed /Scab/Crust: ___ Itch: ___ Pain: ___ ↑size: ___ Δ 'd color: ___

MEDICAL HISTORY: Please **check** if you have had any of the following:

___Skin Cancer (BCC/SCC/Melanoma)
___Heart Problems (heart attack, chest pain, pacemaker, irregular heartbeat)
___Blood Thinning Medications (Aspirin, Plavix, Coumadin, Warfarin)
___High Blood Pressure
___Circulation Problems/Ankle Swelling
___Leg or Lung Clots
___Stroke, TIA, Seizure
___Asthma/Shortness of Breath/COPD/Sleep Apnea
___Anesthesia Problems/Airway Problems
___Diabetes (Oral Meds or Insulin)
___Thyroid Problems
___Cancer (Type: _____ Date: _____)
___Recent Infection, Cold, Cold Sores, Herpes
___HIV, Hepatitis, Blood Transfusions
___Mental Health (depression, anxiety, eating disorders, cutting, etc.)

LIST MEDICATIONS:

_____
_____
_____
_____
_____
_____
_____
_____

FAMILY HISTORY:

Skin Cancer: _____
Melanoma: _____
Breast Cancer: _____
Anesthesia Problems: _____
Bleeding Problems/Clots: _____
Other: _____

SURGICAL HISTORY: (Please put year of surgery)

____Breast (including biopsies) Right or Left Breast
____C-Section/ ____Hysterectomy
____Appendectomy
____Gallbladder
____Past Cosmetic Surgery: _____
____Other Surgery: _____

SOCIAL HISTORY: Employer:_____

Ever Smoke? Y or N Amount?_____(/day) Quit When? _____ Alcohol Use? Y or N Amount? ___(/week)
Recreational Drug Use? Y or N Substance: _____

OFFICE USE ONLY:

EXAM: __HEENT
__Respiratory
__Heart
__GI/GU
__Skin/Musc
__Neuro
__Heme/Lymph

IMPRESSION/PLAN:

NOTES: 1. Schedule
2. F/U prn

Info In Mail

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