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

Name: _____ Date: _____ Chart#: _____ **ALLERGIES**: _____

Birth Date: _____ Age: _____ Height: _____ Weight: _____lbs. _____

Fitz: PSS Wt: _____lbs. _____

*****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 place a Y/N next to each:

___Skin Cancer (BCC/SCC/Melanoma) Location:_____

___Heart Problems (heart attack, chest pain, pacemaker, irregular heartbeat)

___Blood Thinning Medications (Aspirin, Plavix, Coumadin, Warfarin, Aggrenox, Pradaxa, Xarelto)

___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/PONV __muscle spasms

__Malignant Hyperthermia, __high fever,__ neuromuscular disease

___Diabetes (Oral Meds or Insulin)

___Thyroid Problems (Hyper, Hypo)

___Cancer (Type: _____ Date: _____)

___Recent cold/Infection or chronic illness _____

___Cold sores, Herpes

___HIV, Hepatitis, Blood Transfusions, Refusal of blood or blood products

___Mental Health (depression, anxiety, eating disorders, cutting, etc.)

___High Cholesterol

___Other_____

LIST MEDICATIONS: (Rx and Over the counter medications)

_____

_____

_____

_____

_____

_____

_____

FAMILY HISTORY: What family member:

Skin Cancer: _____

Melanoma: _____

Breast Cancer: _____

Anesthesia Problems: _____

(Malignant Hyperthermia, high fever,neuromuscular disease)

Bleeding Problems/Clots: _____

Other: _____

SURGICAL HISTORY: (Please put **YEAR** of surgery)

____Breast biopsy ___ Right ___ Left Breast

____C-Section

____Hysterectomy

____Appendectomy

____Gallbladder

____Past Cosmetic Surgery: _____

____Other Surgery:_____

SOCIAL HISTORY: Employer:_____

Ever Smoke? Y or N Started: _____ Alcohol Use? Y or N Amount? ___ /week

Amount: _____ /day Quit: _____ History of IV drug use Y / N _____

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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