

FRIEDMAN PLASTICS & ENT HISTORY FORM

Patient Name _____ Date _____

Gender Male Female Prefer not to state Date of Birth _____

Height: _____ Weight: _____

Reason for Visit: Plastics Consultation ENT appointment Other State below

SOCIAL HISTORY:

Occupation: _____

Smoker: NO YES Pack per day _____ Number of years smoked: _____ Quit when? _____

Alcohol: NO YES Occasionally Drug Use or Addiction: NO YES PAST

ALLERGIES: NONE YES (Please note/circle the reaction for each allergy) **LATEX ALLERGY** NO YES

Allergic to: _____ HIVES AIRWAY ISSUES SWELLING OF _____

Allergic to: _____ HIVES AIRWAY ISSUES SWELLING OF _____

OTHER: _____

SHELLFISH OR IODINE ALLERGIES: NO YES TAPE OR ADHISIVE ALLERGIES: NO YES

CURRENT MEDICATIONS: NO YES COPY OF MEDICATION LIST NO YES

PLEASE LIST ALL MEDICATIONS INCULDING BIRTHCONTROL, VITAMINS, AND OVER THE COUNTER ON THE BACK OF THIS PAGE.

Do you have Advanced Directives? NO YES (PLEASE SEE OUR POLICY FOR ADVANCE DIRECTIVES)

MEDICAL HISTORY: NONE CANCER HEART DISEASE RESPIRTORY PROBLEMS OTHER:

ARE YOU DIABETIC? NO YES INSULIN OR PILLS

ANY MEDICAL CONDITIONS or DIAGNOSIS/DISEASE THAT WE NEED TO KNOW ABOUT? NO YES (LIST BELOW)

HAVE YOU HAD ANY SURGERIES NO YES (Cosmetic/ medical necessary or C-SECTION) *PLEASE LIST ON NEXT PAGE

SURGICAL HISTORY: IMPLANTS/ DEVICES (Please list any foreign implant including hip; metal plates; screws; dental implants; saline or silicone body implants; pace maker)

CONTINUE ON NEXT PAGE.

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Any complications with anesthesia? NO YES PLEASE EXPLAIN:

Do you have children? NO YES

BIRTH CONTROL NO YES MENOPAUSE On set age: _____

STERILIZED TYPE: _____

MEDICATION LIST:

REASON:

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

LIST OF SURGICAL PROCEDURES:

_____	MONTH/YEAR _____
_____	MONTH/YEAR _____
_____	MONTH/YEAR _____
_____	MONTH/YEAR _____
_____	MONTH/YEAR _____

By signing below, I have provided everything to the best of my knowledge

Signature _____ Date _____