DAVIS & PYLE
PLASTIC SURGERY

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AT DAVIS & PYLE
PLASTIC SURGERY

PATIENT HISTORY **CHART #** ____________________

Name: ____________________________________ Date Of Birth: ______________ Age: ________
Last First Middle

Height ________ Weight __________ Date of Last Physical: ______________________

Drug and Food Allergies: ______________________________ Are You Allergic or Sensitive to Latex? ______

Current Medications	Dose	How Often	Current Medications	Dose	How Often

What is Your Average Daily Consumption of: ❑ Tobacco Packs Per Day ________ ❑ Alcohol ______________

Do You Suspect That You May Be Pregnant? ____________ Date of Last Mammogram ____________

PAST SURGICAL HISTORY

Surgery **Year** **Surgeon**

1. ____
2. ____
3. ____
4. ____

Have you been hospitalized for any reason other than child birth? ______________________

Have you or any of your relatives had a problem with anesthesia? ______________________

Do you have or ever had a problem with:

_____ 1. Heart Trouble, High Blood Pressure
_____ 2. Asthma, Lung problems, Shortness of Breath
_____ 3. Diabetes
_____ 4. Jaundice, Hepatitis, Liver problems
_____ 5. Chronic Headache
_____ 6. Leg, Back, or Neck pains
_____ 7. Breast problems
_____ 8. Fainting
_____ 9. Glaucoma
_____ 10. Cancer
_____ 11. Bleeding disorders
_____ 12. Convulsions
_____ 13. Kidney problems
_____ 14. Skin problems
_____ 15. Scarlet / Rheumatic Fever
_____ 16. Keloid scars
_____ 17. Blood clots
_____ 18. Stomach / Intestinal
_____ 19. Emotional / Psychiatric

List any family history of significant illness (blood clots, diabetes, heart disease, melanoma, malignant hyperthermia).

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Please list any medical conditions and information. ______________________________

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____________________ ______________________________
Date Signature of Patient, Parent or Responsible Party

*Davis & Pyle Plastic Surgery is a Division of Aesthetic & Reconstructive Plastic Surgery, PLLC