HISTORY & PHYSICAL

Name: _____ Age: _____

MEDICATIONS, SUPPLEMENTS, VITAMINS & OVER THE COUNTER MEDICATIONS

MEDICATION	DOSE/ STRENGTH	FOR WHAT REASON/ CONDITION ARE YOU TAKING?

LIST OF ALLERGIES; ◯ NO KNOWN DRUG ALLERGIES ◯ LATEX ALLERGY

ALLERGY		REACTION

PREVIOUS SURGICAL PROCEDURES; (LIST ALL SURGERIES INCLUDING TONSILS, LASIK EYE, WISDOM TEETH ETC.)

DATE or @ AGE	SURGERY TYPE

MEDICAL CONDITIONS:

BREAST: ◯ BREAST CANCER ◯ ASYMMETRY ◯ BREAST IMPLANTS ◯ COSMETIC CONCERNS ◯ NONE

OTHER_____

CARDIOVASCULAR: ◯ ABNORMAL EKG ◯ ATRIAL FIBRILLATION ◯ ARRHYTHMIA ◯ CONGESTIVE HEART FAILURE ◯ HEART ATTACK ◯ HIGH BLOOD PRESSURE ◯ DEFIBRILLATOR ◯ PACEMAKER ◯ STENTS High Cholesterol ◯ NONE

OTHER_____

HEMATOLOGIC: ◯ ANEMIA ◯ BLEEDING DISORDER ◯ BLOOD CLOTS ◯ DEEP VEIN THROMBOSIS ◯ PULMONARY EMBOLISM ◯ NONE

OTHER_____

(PLEASE COMPLETE REVERSE SIDE)

RESPIRATORY: ○ ASTHMA ○ CHRONIC COUGH ○ COPD ○ EMPHYSEMA ○ OXYGEN USE ○ SLEEP APNEA/ CPAP/ BIPAP ○ NONE

OTHER_____

PYSCHIATRIC: ○ ANXIETY ○ BIPOLAR ○ DEPRESSION ○ SCHIZOPHRENIA ○ NONE

OTHER_____

SKIN: ○ BASAL CELL ○ SQUAMOUS CELL ○ MELANOMA ○ PRECANCER ○ SKIN DISEASE ○ NONE

OTHER_____

OTHER: ○ CHEMOTHERAPY ○ DIABETES ○ HIV/AIDS ○ HX OF ALCOHOL/ DRUG ADDICTION ○ LYMPHEDEMA ○ MALIGNANT HYPERTHERMIA ○ MRSA ○ MUSCULOSKELETAL DISORDER ○ MULTIPLE SCLEROSIS ○ PROBLEMS WITH ANESTHESIA ○ RADIATION ○ SEIZURES Autoimmune disorder Rheumatoid arthritis ○ NONE

OTHER_____

FAMILY MEDICAL HISTORY: ○ ANESTHESIA PROBLEMS ○ BLOOD/BLEEDING DISORDER ○ MALIGNANT HYPERTHERMIA ○ MELANOMA ○ NONE

SOCIAL HISTORY:

TOBACCO/ NICOTINE/ VAPING: ○ NEVER ○ CURRENTLY ○ PREVIOUSLY HOW MUCH?_____ QUIT WHEN?_____

CANNABIS/ MARIJUANA: ○ NEVER ○ CURRENTLY ○ PREVIOUSLY HOW MUCH?_____ QUIT WHEN?_____

ALCOHOL: NUMBER OF DRINKS PER DAY/ WEEK;_____

DO YOU OR HAVE YOU USED OPIOIDS? ○ YES ○ NO IF SO, WHEN?_____ FOR WHAT REASON?_____

DO YOU OR HAVE YOU USED ILLICIT DRUGS? ○ YES ○ NO WHICH DRUGS?_____

ARE YOU CURRENTLY PREGNANT OR LACTATING? ○ YES ○ NO NUMBER OF BIRTHS?_____

HEIGHT:_____ **WEIGHT:**_____