

# SUFFOLK PLASTIC SURGEONS, P.C.

## PATIENT MEDICAL HISTORY

Name \_\_\_\_\_

Age \_\_\_\_\_

Reason for this exam \_\_\_\_\_

**HAVE YOU EVER HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS?** (If so, please explain and give date).

Y	N	Date	Explain
			Adenoids Removed
			Alcoholism, Drug Use
			Allergies / Hay Fever
			Anemia
			Arthritis
			Asthma
			Cancer
			Cerebral Palsy
			Chronic Ear Problems
			Chronic Fatigue
			Chronic Sinus Problems
			Circulatory Problems
			Diabetes
			Dizziness / Fainting
			Emotional Problems
			Epilepsy
			Excessive Bleeding
			Gall Bladder Problems
			Gout
			Heart Problems
			Hepatitis
			High Blood Pressure
			HIV +
			Kidney Problems
			Liver Problems
			Low Blood Pressure
			Malignancies
			Motion Sickness
			Nervous Problems
			Radiation Treatments
			Rheumatic Fever
			Scarlet Fever
			Shortness of Breath
			Sickle Cell Anemia
			Sleep Apnea
			Tonsils Removed
			Tuberculosis
			Ulcer
			Venereal Disease

**SURGERIES:**

**ALLERGIES:**

Penicillin or other antibiotics	Tetanus antitoxin or other serums
Morphine, Codeine, Demerol, Novocain or other narcotics	Adhesive tape, Latex
Aspirin, Empirin or other pain remedies	Betadine, Shellfish
Sulfa drugs	Food:

**DO YOU SMOKE?** Y N How much? /day

**MEDICATIONS** you are presently taking:

**SIGNATURE:**

Date of your last physical examination: