

SUFFOLK PLASTIC SURGEONS, P.C.

Today's Date: _____

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	CONDITION	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		
		Veneral Disease		

SURGERIES:

ALLERGIES:

		Do You Smoke Y N How Much ? _____ Per Day	
Penicillin or other antibiotics	Tetanus antitoxin or other serums	Do You Consume Alcohol? Y N How Much / How Often? _____	Medications / Herbal Supplements/ Vitamins you are presently taking: _____ _____ _____
Morphine, Codeine, Demerol Novocain or other narcotics	Adhesive tape, Latex		
Aspirin, Empirin or other pain remedies	Betadine, Shellfish		
Sulfa Drugs	Food:		

SIGNATURE:

Date of your last physical examination: _____