

Laser Cosmetic and Oculo-Facial Plastic Surgery

**Medical History**

Today's date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications:

Prescription medication: What for?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eyedrops / Nasal Sprays: What for?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Over the counter meds / Herbal meds / Supplements:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to medications: What happened? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous cosmetic surgery / Botox / Filler / Laser: When? By Whom?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Other previous surgeries, including eye surgeries and LASIK:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Trauma to the face:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wears contact lenses: YES\_\_\_ NO\_\_\_

Wears glasses: YES\_\_\_ NO\_\_\_

Medical History: YES NO

Environmental Allergies \_\_\_ \_\_\_

High Blood Pressure \_\_\_ \_\_\_

Diabetes \_\_\_ \_\_\_

High Cholesterol or Triglycerides \_\_\_ \_\_\_

Heart Disease \_\_\_ \_\_\_

Liver Disease \_\_\_ \_\_\_

Patient signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by Erb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical History, continued: YES NO

Kidney Disease \_\_\_ \_\_\_

Autoimmune / Rheumatological Disease \_\_\_ \_\_\_

Stroke \_\_\_ \_\_\_

Heart Attack \_\_\_ \_\_\_

Irregular Heart Beat \_\_\_ \_\_\_

Prolonged Bleeding \_\_\_ \_\_\_

Easy Bruising \_\_\_ \_\_\_

Respiratory problems \_\_\_ \_\_\_

Obstructive Sleep Apnea / Snoring \_\_\_ \_\_\_

Fainting \_\_\_ \_\_\_

Bell's Palsy \_\_\_ \_\_\_

Eye problems \_\_\_ \_\_\_

Dry Eye \_\_\_ \_\_\_

Tearing problems \_\_\_ \_\_\_

Skin problems \_\_\_ \_\_\_

Keloids \_\_\_ \_\_\_

Post Inflammatory Hyperpigmentation \_\_\_ \_\_\_

Oral herpes simplex \_\_\_ \_\_\_

Accutane use \_\_\_ \_\_\_

Hydroquinone use \_\_\_ \_\_\_

Valvular heart disease \_\_\_ \_\_\_

Bacterial endocarditis \_\_\_ \_\_\_

Collagen vasular disease (lupus, scleroderma) \_\_\_ \_\_\_

Immunological disorder (vitaligo, thyroiditis) \_\_\_ \_\_\_

HIV / AIDS \_\_\_ \_\_\_

Hepatitis A, B, and/or C \_\_\_ \_\_\_

Psychological problems \_\_\_ \_\_\_

Social History:

Occupation \_\_\_\_\_\_\_\_\_\_\_\_

Alcohol Use YES\_\_\_ NO\_\_\_ Type of alcohol\_\_\_\_\_\_\_\_\_\_\_\_ How often\_\_\_\_\_\_\_\_\_\_\_\_\_

Tobacco Use YES\_\_\_ NO\_\_\_ How many per day\_\_\_\_\_\_\_\_\_ How many years\_\_\_\_\_\_\_\_

Drug use YES\_\_\_ NO\_\_\_

Skin Typing assessment quiz results (see quiz attached)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity / Ancestry / Heritage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by Erb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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Review of Systems:

Any other active problems,

**not** previously mentioned or listed above,

related to:

YES NO IF YES, PLEASE EXPLAIN

Constitutional (e.g., fever, weight loss) \_\_\_ \_\_\_

Eyes \_\_\_ \_\_\_

Ears, Nose, Mouth, Throat \_\_\_ \_\_\_

Cardiovascular \_\_\_ \_\_\_

Respiratory \_\_\_ \_\_\_

Gastrointestinal \_\_\_ \_\_\_

Genitourinary \_\_\_ \_\_\_

Musculoskeletal \_\_\_ \_\_\_

Integumentary (skin and/or breast) \_\_\_ \_\_\_

Neurological \_\_\_ \_\_\_

Psychiatric \_\_\_ \_\_\_

Endocrine \_\_\_ \_\_\_

Hematologic/Lymphatic \_\_\_ \_\_\_

Allergic/Immunologic \_\_\_ \_\_\_

Family history:

(mother, father, grandparents, siblings only)

YES NO IF YES, WHO

Heart disease \_\_\_ \_\_\_

High blood pressure \_\_\_ \_\_\_

Diabetes \_\_\_ \_\_\_

Autoimmune / Rheumatologic disease \_\_\_ \_\_\_

Patient signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by Erb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

updated 01/23/2017