

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



 Laser Cosmetic and Oculo-Facial Plastic Surgery

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

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