

Patient History

de Ramón Plastic Surgery Institute, P.C.

Patient Name: _____ Date: _____
(Nursing use only) Temp _____ BP _____ / _____ HR _____ Height _____ Weight _____

Medical History: please circle

Diabetes	HIV/AIDS	History of transfusion
High Blood Pressure	Kidney disease	Skin Cancer: Basal, Sqaumous, Melanoma
Heart Attack	Hepatitis	Psychiatric disorder
Heart Disease	Lung disorder/COPD	Depression
Stroke	Asthma	Drug or Alcohol addiction
Peripheral Vasc. Dis.	Home oxygen	GI disorder/GERD
Blood disorder	CPAP	Other Cancer: _____
Bleeding tendency	History of blood clots	Notes: _____
Blood clots	History of motion sickness	_____
High cholesterol	History of anesthesia problems	

Past Surgical History: please circle and give year

	Year		Year		Year
Stents	_____	Hernia Repair	_____	Joint replacement	_____
Heart Bypass	_____	Gallbladder removal	_____	Cosmetic surgery	_____
Vascular Surgery	_____	Hernia repair	_____	type _____	
Hysterectomy	_____	Vascular Surgery	_____		
Oophorectomy	_____	Neck or Back Surgery	_____		

Do you or have you ever used (circle) cigarettes, nicotine, vape, tobacco, cigar, pipe ___ No history of use
I have smoked _____ pack(s) per day for _____ years. I quit smoking _____ (date)

Do you use: (circle) alcohol (drinks per week) _____ marijuana, recreational drugs ___ No
Occupation: _____

Family Health History: please circle and tell relationship

Blood Clots	Paternal	Maternal
Coagulation Disorders	Paternal	Maternal
Heart disease	Paternal	Maternal
Stroke	Paternal	Maternal
Anesthesia Problems	Paternal	Maternal
Skin cancer: Basal, Sqaumous, Melanoma	Paternal	Maternal
Other cancer: Type _____	Paternal	Maternal

Response to Sun Exposure: please circle

Do not tan and burn easily
Tan with difficulty and burn easily
Tan easily and rarely burn

Eye Color: please circle

Blue
Green/Hazel
Brown

(Dr. use only) Fitzpatrick Skin Type _____