STATESBORO PLASTIC SURGERY- HISTORY & PHYSICAL

Today's Visit

What are you being seen for today?(Please be specific)	
If this is a result of an accident, give the date of injury.	
--Please describe how the accident occurred.	
If the injury is due to a car accident, has the auto insurance claim been filed?	

Patient Past Medical History

	---Yes---	Details
-Patient has no relevant past medical history.	☐	
Asthma	☐	
Bleeding/Clotting Problems	☐	
Breast Cancer	☐	
Chest Pain/Tightness	☐	
Diabetes	☐	
Easy Bruising	☐	
Eczema	☐	
Heart Disease	☐	
Heart Murmur	☐	
Heart Problems	☐	
Hepatitis	☐	
High Blood Pressure	☐	
HIV or Aids	☐	
Kidney Stones	☐	
Lung/Breathing Problems	☐	
Psychiatric/Depression	☐	
Skin Cancer	☐	
Skin Disease	☐	
Stroke	☐	
Thyroid Disorder	☐	
Ulcers	☐	
Unexpected Weight Loss	☐	
Other	☐	

Patient Past Surgeries/Hospitalizations (if none please write none)

	Surgery/Hospitalization	Date	Anesthesia complications	Notes
1				
2				
3				
4				
5				
6				
7				
8				

Allergies

List	Reaction
1.	
2.	
3.	
4.	
5.	
6.	

Medications

List	List
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Patient Name:_____________________________ Date: _____/______/______

1497 Fair Rd Suite 311 * Statesboro, GA * phone 912-681-3330 * fax 912-681-3303

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Patient Social History

Alcohol	Yes	No	Frequency:
Illegal Drugs	Yes	No	
STD	Yes	No	

Patient Smoking History

Smoker or any tobacco products	Yes	No
Packs Per Day:	Length:	Years if Quit:

Female Questions

	Yes	No	N/A	Details
Do you have children? I yes, please list number of pregnancies & ages of children.				
Do you have regular periods?				
Are you going through menopause?				
Are you pregnant or lactating?				
During pregnancy, did you ever get hyperpigmentation or masking?				
Have you had any mammograms?				Results:
Current Bra Size				

Patient Family History

	YES	Family Member
Pt denies any contributing family hx	☐	
Abnormal Bleeding	☐	
Abnormal Clotting	☐	
Anesthesia Problems	☐	
Autoimmune Disorder	☐	
Brain Tumor	☐	
Breast Cancer	☐	
Cleft Lip	☐	
Cleft Palate	☐	
Diabetes	☐	
Drug Allergies	☐	
Endocrine Disease	☐	
Hearing Loss	☐	
Heart Disease	☐	
Hemophilla	☐	
High Blood Pressure	☐	
Kidney Disease	☐	
Liver Disease	☐	
Lung Cancer	☐	
Malignant Hyperthermia	☐	
Other Cancer	☐	
Ovarian Cancer	☐	
Prostate Cancer	☐	
Skin Cancer	☐	
Skin Disease	☐	
Substance Abuse	☐	

Review of Systems

	Please List Problems/ Conditions
Allergic/ Immunologic	
Cardiovascular	
Constitutional	
Ears, Nose, Mouth, Throat	
Eyes	
Endocrine	
Gastrointestinal	
Genitourinary	
Hematologic/ Lymphatic	
Musculoskeletal	
Neurological	
Psychiatric	
Respiratory	
Skin	

Body Size

	Details
Age	
Height (ft)	
Height (in)	
Weight (lbs)	
Recent Weight Changes	

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