ASSOCIATES IN
Plastic Surgery
Est.1978

ARE YOU PRESENTLY TAKING ANY OF THE FOLLOWING MEDICATIONS? (Check Box/s Below)

	YES	NO		YES	NO		YES	NO
Aspirin, Bufferin, Anacin	☐	☐	Sleeping pills	☐	☐	Shots	☐	☐
Blood pressure pills	☐	☐	Thyroid medicine	☐	☐	Water pills	☐	☐
Cortisone	☐	☐	Headache pills	☐	☐	Antibiotics	☐	☐
Digitalis	☐	☐	Medicine for Arthritis	☐	☐	Barbiturates	☐	☐
Hormones	☐	☐	Tranquilizers	☐	☐	Birth control pills	☐	☐
Insulin or diabetic pills	☐	☐	Weight reducing pills	☐	☐	Phenobarbital	☐	☐
Iron or poor blood meds	☐	☐	Blood thinning pills	☐	☐			
Laxatives	☐	☐	Dilantin	☐	☐			

Have you ever taken or are you presently taking diet pills? YES ☐ NO ☐ When? _____

Other drugs not listed: Name _____ Dosage _____

Write in the names and dates of any operations which you have had: _____

_____

Name any drugs or foods to which you are allergic: _____

_____

Serious injuries or accidents: _____

_____

	YES	NO
Do you have eye problems?	☐	☐
("dry eye syndrome", glaucoma, detached retina, allergic reactions, etc.)		
Do you wear glasses or contact lenses?	☐	☐
Have you ever had a blood transfusion?	☐	☐
Do you frequently have bleeding gums?	☐	☐
Have you ever bled excessively from a tooth extraction?	☐	☐
Do you bleed excessively from a laceration?	☐	☐
Do you have nose bleeds?	☐	☐
How often? _____		
Do you take aspirin regularly?	☐	☐
How often? _____		
(Yes, stop taking aspirin until two weeks after your surgery)	☐	☐

WOMEN ONLY

	YES	NO
Are you still having regular monthly menstrual periods?	☐	☐
Are you now on or have you ever taken the birth control pill? When? _____	☐	☐
Have you ever had bleeding between your periods? When? _____	☐	☐
Do you have very heavy bleeding with your periods? When? _____	☐	☐

Date of last Pap Smear Test _____

Any complications of pregnancy? _____

Date of last menstrual period _____ Could you be pregnant now? _____

Do you have any family history of breast cancer? _____

Date of last mammogram _____

NOTE: We recommend regular breast and pelvic exams by your regular physician for all adults.