

Carolina Plastic Surgery and Laser Center, P.A.  
1721 Ebenezer Road, Ste. 205  
Rock Hill, SC 29732

In an effort to serve you better, we request that you provide us with the following information. We need this information to give you the best care and treatment possible. All information is held strictly confidential and is released only with your written consent.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Presenting problem or Proposed Surgery: \_\_\_\_\_

\*\*\*Primary Care Physician: \_\_\_\_\_

ILLNESS/INJURY: Please circle if you have ever had:

- |                           |                                |
|---------------------------|--------------------------------|
| --High blood pressure     | --Kidney Stones                |
| --Diabetes                | --Abdominal bleeding           |
| --Heart attack            | --Diverticulosis               |
| --Peptic ulcer            | --Thyroid problems             |
| --Chest pain/tightness    | --Lung problems/asthma         |
| --History of heart murmur | --Shortness of breath          |
| --Stroke                  | --Accident/broken bones (list) |
| --Cancer                  | _____                          |
| --Yellow Jaundice         | _____                          |
| --Gallstones              | --Hepatitis                    |

OPERATIONS: List the names and dates of all operations:

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

Have you ever had a blood transfusion?: \_\_\_\_\_

List any hospital admissions or medical conditions not listed above:

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

Females only: Are you pregnant? \_\_\_\_\_

List any and all medications that you are currently taking and their dosage:

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

List any allergies to medications that you have had and their reactions:

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

Do you smoke now? \_\_\_\_\_ Have you ever smoked? \_\_\_\_\_ If yes, how much?

\_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ If yes, how much a day \_\_\_\_\_, \_\_\_\_\_ week

THE ABOVE INFORMATION IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (if patient is minor): \_\_\_\_\_