MEMORIAL
PLASTIC SURGERY

☐ PATRICK HSU MD, FACS
☐ MELISSA A. CROSBY MD, FACS

Name: _____ DOB: _____

Date of Visit: _____ Reason For Visit: _____

_____

PAST MEDICAL HISTORY *(Please Check)*

___ Bronchitis	___ Cancer	___ Chest Pain/tightness	___ Asthma	___ Breast Cancer
___ Dizziness/Vertigo	___ Ear Infection	___ Epilepsy/Seizures	___ Depression	___ Diabetes
___ Hay Fever/Allergies	___ Headaches/Migraine	___ Heart Disease	___ Facial Pain	___ Fever Blisters
___ High Blood Pressure	___ HIV/AIDS	___ Hives	___ Heart Murmur	___ Hepatitis
___ Sinus Problems	___ Skin Cancer	___ Skin Disease	___ Kidney Stones	___ Pneumonia
___ Tonsillitis	___ Tuberculosis	___ Ulcers	___ Stroke	___ Thyroic Disorder
___ Abdominal Bleeding	___ Arthritis	**Others** _____		

MEDICATION LIST

Medication	Strength	Frequency

PAST SURGERIES

Date	Procedures	Any Complications?

ALLERGIES TO MEDICATIONS _____

MEMORIAL
PLASTIC SURGERY

☐ PATRICK HSU MD, FACS
☐ MELISSA A. CROSBY MD, FACS

ALCOHOL USE

___ Social Use ___ Daily Use ___ How many do you have per day?

ILLEGAL DRUG USE

___ NO ___ YES

SMOKING HISTORY

___ Have you ever smoked? ___ How long ago did you quit?

___ Do you smoke? ___ How many packs per day?

OBGYN HISTORY

___ How many times have you been pregnant? How many children do you have?

___ Vaginal ___ C-Section

PATIENT HAS EXPERIENCED *(Please Check)*

___ Recent Weight Loss
___ Recent Weight Gain
___ Fevers
___ Chills
___ Rigors
___ Nausea
___ Vomiting
___ Diarrhea
___ Chest Pain
___ Shortness of Breath

Age: _____ Weight: _____ Height: _____ Pre-Op Bra Size: _____