

# Dr Jeffrey D Smith, MD    Northeast Plastic Surgery

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Preferred Language: \_\_\_\_\_ Race: \_\_\_\_\_

Pharmacy (name/town/phone #): \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ inches    Weight: \_\_\_\_\_ lbs

**Past Medical History:** (please circle all that apply)

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|---|---|--|--|
| <ul style="list-style-type: none"> <li>• Adrenal insufficiency</li> <li>• Anemia/thalassemia</li> <li>• Anxiety</li> <li>• Arthritis</li> <li>• Asthma</li> <li>• Atrial fibrillation</li> <li>• Autoimmune disease</li> <li>• Bipolar disorder</li> <li>• Blood clotting disorder</li> <li>• BPH</li> <li>• Breast cancer</li> <li>• Colon cancer</li> <li>• COPD</li> </ul> | <ul style="list-style-type: none"> <li>• Coronary artery disease</li> <li>• Deep venous Thrombosis</li> <li>• Depression</li> <li>• Diabetes</li> <li>• Easy bruising</li> <li>• End stage renal disease</li> <li>• GERD</li> <li>• Head trauma</li> <li>• Hearing loss</li> <li>• Hepatitis</li> <li>• Hypertension</li> <li>• HIV / AIDS</li> <li>• Hypercholesterolemia</li> </ul> | <ul style="list-style-type: none"> <li>• Hyperthyroidism</li> <li>• Hypothyroidism</li> <li>• Lung cancer</li> <li>• Lupus</li> <li>• Lymphoma</li> <li>• Malignant hypertension</li> <li>• Mental health hospitalization</li> <li>• Neuromuscular Disorder</li> <li>• Paralysis</li> <li>• Pneumothorax</li> <li>• Prostate cancer</li> <li>• Pulmonary embolism</li> </ul> | <ul style="list-style-type: none"> <li>• Radiation treatment</li> <li>• Renal disorder</li> <li>• Rheumatoid arthritis</li> <li>• Seizures</li> <li>• Severe reaction to anesthesia</li> <li>• Sleep Apnea</li> <li>• Stroke</li> <li>• Trauma</li> <li>• Valvular heart disease</li> <li>• Vision loss</li> </ul> |
|---|---|--|--|

Other: \_\_\_\_\_

**Past Surgical History:** (please circle and date all that apply)

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|--|---|--|
| <ul style="list-style-type: none"> <li>• Laparoscopy</li> <li>• Laparotomy</li> <li>• Hernia Repair: _____</li> <li>• Appendix removed</li> <li>• Bladder removed</li> <li>• Brain Surgery (cancer, trauma)</li> <li>• Breast Biopsy (right, left, bilateral)</li> <li>• Lumpectomy (right, left, bilateral)</li> <li>• Mastectomy (right, left, bilateral)</li> <li>• C-Section</li> <li>• Colectomy</li> <li>• Esophagus removed</li> <li>• Gallbladder removed</li> <li>• Coronary artery bypass</li> </ul> | <ul style="list-style-type: none"> <li>• Angioplasty (PTCA)</li> <li>• Biological valve replacement</li> <li>• Mechanical valve replacement</li> <li>• Heart transplant</li> <li>• Joint replacement: _____</li> <li>• Joint replacement within last 2 years</li> <li>• Kidney biopsy</li> <li>• Kidney removed (right, left)</li> <li>• Kidney stone removal</li> <li>• Kidney transplant</li> <li>• Liver resection</li> <li>• Liver transplant</li> <li>• Liver shunt</li> <li>• Lung lobectomy (right, left)</li> </ul> | <ul style="list-style-type: none"> <li>• Pneumonectomy (right, left)</li> <li>• Ovaries removed</li> <li>• Tubal ligation</li> <li>• Pancreas removed</li> <li>• Prostate removed</li> <li>• Rectal resection</li> <li>• Small bowel resection</li> <li>• Spine surgery</li> <li>• Spleen removed</li> <li>• Stomach removed</li> <li>• Gastrostomy</li> <li>• Testicles removed (right, left, bilateral)</li> <li>• Hysterectomy</li> </ul> |
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Other: \_\_\_\_\_

**Skin Disease History:** (please circle all that apply)

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|--|---|--|
| <ul style="list-style-type: none"> <li>• Acne</li> <li>• Actinic keratoses</li> <li>• Basal cell skin cancer</li> <li>• Blistering sunburns</li> <li>• Dry skin</li> </ul> | <ul style="list-style-type: none"> <li>• Eczema</li> <li>• Flaking/itchy scalp</li> <li>• Hay fever/allergies</li> <li>• Keloids</li> <li>• Melanoma</li> <li>• Poison ivy</li> </ul> | <ul style="list-style-type: none"> <li>• Precancerous moles</li> <li>• Psoriasis</li> <li>• Squamous cell skin cancer</li> </ul> |
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Other: \_\_\_\_\_

**Plastic Surgery History:** (please circle and date all that apply)

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|--|---|--|
| <ul style="list-style-type: none"> <li>• Abdominoplasty</li> <li>• Brachioplasty</li> <li>• Liposuction</li> <li>• Lower body lift</li> <li>• Thigh lift</li> <li>• Upper body lift</li> <li>• Breast augmentation</li> <li>• Breast lift (mastopexy)</li> </ul> | <ul style="list-style-type: none"> <li>• Breast reconstruction</li> <li>• Breast reduction</li> <li>• Otoplasty</li> <li>• Blepharoplasty</li> <li>• Brow lift</li> <li>• Facelift</li> <li>• Facial fracture repair</li> <li>• Frontal sinus fracture</li> </ul> | <ul style="list-style-type: none"> <li>• Mandible fracture</li> <li>• Maxillary fracture</li> <li>• Orbital floor fracture</li> <li>• Zygoma fracture</li> <li>• Hand surgery: _____</li> <li>• Wrist fracture repair</li> <li>• Rhinoplasty</li> <li>• Septoplasty</li> </ul> |
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Other: \_\_\_\_\_

**Family History:** (please circle all that apply)

- Skin Cancer
- Melanoma
- Breast Cancer
- If yes, Which Relative

- Heart Disease
- Diabetes
- Malignant hyperthermia
- Anesthesia problems

Other:

**Herbal Medications or Supplements:** (please circle all that apply)

- Anabolic steroids
- Androstenedione
- Black cohosh
- Cat's claw
- Chondroitin
- Cranberry
- Echinacea
- Ephedra
- Evening primrose
- Feverfew
- Fish oil
- Flaxseed oil

- Garlic
- Gingko biloba
- Ginseng
- Glucosamine
- Goldenseal
- Green tea
- Hawthorn
- HCG
- Horse chestnut
- Human growth hormone
- Kava
- Licorice root

- Mistletoe
- Peppermint
- Phentermine
- Red clover
- Saw palmetto
- St. John's wort
- Valerian
- Vitamin A
- Vitamin B
- Vitamin C
- Vitamin D
- Vitamin E

Other:

**MEDICATIONS** (please list all current medications):

**NO MEDICATIONS**

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**DRUG ALLERGIES** (please list all known allergies and reactions):

**NO KNOWN DRUG ALLERGIES**

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**SOCIAL HISTORY:**

**Smoking status:**

- Non smoker       Smoker \_\_\_\_\_ packs per day \_\_\_\_\_ years  
 Former smoker      \_\_\_\_\_ date quit smoking

**Alcohol use:**

- None     < 1 drink per day     1-2 drinks per day     3 or more drinks per day