

CONSULTATION MEDICAL HISTORY

PATIENT'S NAME _____ DATE _____

AGE _____ HEIGHT _____ WEIGHT _____

DATE OF LAST PHYSICAL _____ DATE OF LAST MAMMOGRAM _____

NAME, ADDRESS AND TELEPHONE # OF DOCTOR _____

DRUG ALLERGIES _____

DRUG SENSITIVITIES _____

HAVE YOU **EVER** HAD A COLD SORE, SHINGLES OR HERPES? _____

PREVIOUS SURGERY (PLEASE LIST)

OPERATION

YEAR

ANESTHESIA (LOCAL/GENERAL)

SERIOUS ILLNESSES OR HOSPITALIZATIONS (PLEASE LIST)

LIST ALL THE MEDICATIONS YOU ARE NOW TAKING AND THEIR DOSAGES

INCLUDE OVER THE COUNTER DRUGS (I.E. ASPIRIN, TYLENOL, ADVIL) VITAMINS & HERBS

COULD YOU POSSIBLY BE PREGNANT? NO _____ YES _____

NUMBER OF PREGNANCIES _____ NUMBER OF LIVE BIRTHS _____

HAVE YOU EVER BEEN TOLD YOU HAVE A BODY DYSMORPHIC DISORDER? NO ___ YES ___

IF YES, PLEASE EXPLAIN. _____

WHAT IS YOUR DAILY CONSUMPTION OF THE FOLLOWING?

TOBACCO _____ ALCOHOL _____

IF YOU EVER SMOKED IN THE PAST, HOW MUCH PER DAY _____ (pack/s)
FOR HOW LONG _____ (years) WHEN DID YOU STOP?

DO YOU USE RETIN-A / RENOVA / ALPHA HYDROX / GLYCOLIC ACID / OTHER _____
HOW OFTEN? _____ WHAT % _____

CHECK IF YOU HAVE EVER HAD ANY OF THE FOLLOWING: IF YES, PLEASE EXPLAIN.

MALIGNANT HYPERTHERMIA NO _____ YES _____

RADIATION THERAPY FOR ACNE NO _____ YES _____

CANCER(INCLUDING SKIN CANCER) NO _____ YES _____

BLOOD TRANSFUSION NO _____ YES _____

DIABETES NO _____ YES _____

GLAUCOMA NO _____ YES _____

HEART DISEASE NO _____ YES _____

MITRAL VALVE PROLAPSE/HEART MURMUR NO _____ YES _____

HIGH BLOOD PRESSURE NO _____ YES _____

LUNG DISEASE/ASTHMA/TUBERCULOSIS NO _____ YES _____

KIDNEY DISEASE NO _____ YES _____

BLOOD/BLEEDING DISORDERS NO _____ YES _____

THYROID DISEASE NO _____ YES _____

EMOTIONAL ISSUES
(DEPRESSION/BIPOLAR DISORDER) NO _____ YES _____

MENTAL ILLNESS (SCHIZOPHRENIA) NO _____ YES _____

GASTROINTESTINAL/REFLUX NO _____ YES _____

HEPATITIS/LIVER DISEASE NO _____ YES _____

SLEEP APNEA NO _____ YES _____

DID YOU EVER USE PHEN/PHEN NO _____ YES _____

LATEX, SOY, OR EGG ALLERGY NO _____ YES _____

OTHER _____