MCCUE PLASTIC SURGERY, P.A.
PATIENT'S PERSONAL HISTORY FORM

Name:________________________________DOB:____________ AGE: ________ Date:________________
Height_______ Weight _______Is your weight stable? (Y)____ (N) ___ Are you Pregnant? (Y)___ (N) ___
Have you seen another doctor about this? (Y)___ (N) ___ Whom ____________________When___________
General Health (circle one) Excellent Good Fair Poor
Health Problems____

Previous Surgeries	Name of Surgeon	Date of Surgery

***Any Allergies to Medications or Tape?** Yes ___ No___ Please list with type of reaction, if known:

____

***Are you allergic to Latex Products?** Y___ N___

Do you take any of the following? (Please include name of each medication and how often you take it)

Tranquilizer		
Antibiotics		
Blood Thinner		
Aspirin Product		
Birth Control Pill		
Steroids		
Herbal		
Blood Pressure		
Heart Pill		
Water Pill		
Other		

Do you consume the following? Please indicate type and daily consumption.
Tobacco________________________Alcohol_________________________Street Drugs__________________
How many pregnancies have you had? _________ How many children do you have? ___________________
Do you plan to have more children in the future? (Y)_____________ (N) ___________

	Yes	No	Unknown
Have you ever had Hepatitis?			
Have you ever had a blood transfusion?			
Have you tested positive for HIV, Hepatitis B or Hepatitis C?			
Any family history of Breast Cancer or Birth Anomalies?			
Do you have dry eyes, glaucoma, or visual problems?			
Have you or a family member ever reacted badly to anesthesia?			
Do you bleed or bruise easily from cuts/surgery/dental work?			
Are you a slow or poor healer?			
Do you have any form of heavy scars or keloids?			
Do you have any skin conditions like hives/eczema/cold sores?			
Do you get frequent skin infections/acne cysts?			
Have you ever had Cortisone injections?			
Do you have shortness of breath or heart arrhythmias?			
Have you ever had blood clots in your legs? Or Phlebitis?			
Do you have Diabetes? Or Thyroid Disease?			
Have you seen a counselor/psychologist/psychiatrist?			