Lisa J. Peters, MD
PLASTIC SURGERY • MEDICAL SPA
www.plasticsurgeryofchicago.com

MEDICAL INFORMATION

Date: _____

Name: _____

Reason for today's visit: _____

Height: _____ Weight: _____

Medications: (If none, please check here □) _____

_____

Allergies: (If none, please check here □) _____

_____

Are you allergic to latex? □ Yes □ No If yes, what happens? _____

Previous operations: _____

Do you have, or have you had previously, and of the following (please check)**:**

□ **Diabetes**	□ **Heart attack**	□ **Depression**
□ **High blood pressure**	□ **Irregular heartbeat**	□ **Psychiatric illness**
□ **High cholesterol**	□ **Congestive heart failure**	□ **Seizure**
□ **Blood clot in the leg (DVT)**	□ **Heart murmur**	□ **Stroke**
□ **Pulmonary embolus (PE)**	□ **Asthma**	□ **Migraine headaches**
□ **Bleeding disorders**	□ **Bronchitis**	□ **Breast disease**
□ **Sickle cell disease**	□ **Emphysema**	□ **Stomach ulcers**
□ **Sickle cell trait**	□ **Pneumonia**	□ **Liver disease**
□ **Recent infection**	□ **Hepatitis**	□ **HIV/AIDS**
□ **Sleep apnea**	□ **Kidney disease**	□ **Cold sores**
□ **Thyroid problems**	□ **Cancer**	□ **Keloids**
□ **Reflux Disease (heart burn)**	□ **Problems with anesthesia**	□ **Anemia**

If you checked any of the above or have an unlisted medical condition, please explain:

_____

_____

Do you smoke, vape, or use any tobacco products? _____ If so, how much? _____
Do you use smoke or use marijuana products? _____ If so, how much?_____
Do you drink alcohol? _____ If so, how much? _____

Illnesses that run in your family (please include the family member that is affected):

_____

Has anyone in your family had problems with anesthesia? □ Yes □ No
If yes, please explain: _____

<u>Breast patients only</u>

Have you ever had an abnormal mammogram? □ Yes □ No
Last mammogram: _____