

Name: _____

Type of surgery that you are interested in:

Previous Plastic Surgery Procedure:

Face: Yes No
Eyes: Yes No
Nose: Yes No
Abdomen: Yes No
Breasts: Yes No Describe (Type & Dates): _____
Liposuction: Yes No Areas Treated: _____

Adverse Reactions to Anesthesia

Local Anesthesia: Yes / No If yes, describe medication and reaction:

General Anesthesia: Yes / No If yes, describe adverse reaction

Last Hospitalization: _____

Surgery Dates & Procedures in the Past Three Years:

Name: _____

General Information

Allergies: _____

Medications: _____

Non-Prescription Medications (Aspirin, Tylenol, Herbs, Vitamins): _____

1. Do you smoke [] Yes [] No How Much: _____

2. Do you Drink [] Yes [] No How Much/Often: _____

3. Have you ever been told that you had one of the following?:

- a. Heart Problems [] Yes [] No
- b. Lung Problems [] Yes [] No
- c. High Blood Pressure [] Yes [] No
- d. Diabetes [] Yes [] No
- e. Epilepsy [] Yes [] No
- f. Hepatitis [] Yes [] No
- g. Bleeding Disorder [] Yes [] No
- h. Sleep Apnea [] Yes [] No
- i. Liver Problems [] Yes [] No
- j. Kidney Problems [] Yes [] No
- k. Eye Problems [] Yes [] No
- l. Intestinal Problems [] Yes [] No
- m. Contagious Condition [] Yes [] No Describe: _____
- n. Cancer [] Yes [] No

i. Diagnosis _____

ii. Type of Surgery & Dates: _____

iii. Radiation [] Yes [] No Chemotherapy [] Yes [] No

4. Have you had a Mammogram: [] Yes [] No If yes, was it Normal [] Yes [] No

Biltmore Skincare Center, LLC, offers a full range of skin care services in our office. If you are interested in learning about the latest advancements in skin health, or would like to be alerted to special offers and promotions via your home address or E-Mail address, please initial here _____.

Thank You! Jan Dupuy, R.N.