HISTORY & PHYSICAL EXAMINATION

NAME: ______________________ AGE: ____ HT: ____ WT: _____

REASON FOR VISIT: ☐ BREAST AUGMENTATION ☐ TUMMY TUCK
☐ LIPOSUCTION ☐ EYELID SURGERY ☐FACE LIFT
☐ OTHER ________________

HPI:

PMH: LIST ALLERGIES TO MEDICATION OR LATEX: ________________________

LIST YOUR MEDICAL PROBLEMS:	LIST ANY SURGERY YOU HAVE HAD:	LIST THE MEDS YOU TAKE:
________________	________________	________________
________________	________________	________________
________________	________________	________________
________________	________________	________________

HAVE YOU OR A FAMILY MEMBER EVER HAD A PROBLEM WITH ANESTHESIA? Y/N

FAMILY HX: LIST ANY MEDICAL PROBLEMS THAT YOUR FAMILY HAS:
____

DOES ANYONE IN YOUR FAMILY HAVE BREAST CANCER ? Y/N

SOCIAL HX: DO YOU SMOKE Y/N DO YOU DRINK ALCOHOL Y/N

ROS: N/V F/C WT LOSS CHANGE IN VISION CP/SOB ABD PAIN
DYSURIA/HEMATURIA DIARRHEA/CONSTIPATION WEAKNESS
JOINT PAIN/NUMBNESS IN EXTREMITIES DEPRESSION/ANXIETY

PE: BP R T P
WD/WN NAD HEENT: NCAT/EOMI____________________________
PULM-CTA CV SR
ABD SOFT/NT ND
NO HSM____
BREASTS NO MASS/NAC D/C NO AX/S-C LAN
WIDTH___
EXT NO CCE ____
NEURO WNL

A:

P:

REVIEWED R'S B'S & A'S AS OUTLINED ON CONSENTS

CPT:____

ICD:____

Marc S. Scheiner, M.D. Date:_______________