

Anne M. Nickodem, M.D., F.A.C.S.

Aesthetic, Breast and Reconstructive Surgery

Name: _____ Height: _____ Weight: _____

Reason for Consultation: _____

Allergies

Medical: _____

Foods: _____

Latex: Y/N

Prescription Medications	Dosage	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Over-the-Counter Medications		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Social History: Please answer applicable questions

Tobacco: Y/N Packs/Day: _____ Alcohol: Y/N Drinks/Day: _____ Drugs: _____

Medical Conditions: Please circle those that apply to you

Anemia	Cancer	Kidney Disease	Seizure Hx
Arthritis	Diabetes	Liver Disorders	Skin Disorders
Asthma	Glaucoma	Malignant Hyperthermia	Stroke
Bleeding Disorders	Heart Disease	Migraines	Thyroid Disease
Blood Clots	Hiatal Hernia	Neurologic Disorders	Ulcers
Bronchitis	High blood Pressure	Pneumonia	Vascular Disease

Explanations: _____

Hospitalizations:

Reason: _____ Date: _____

Surgeries:

Type	Hospital	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Anesthesia Reaction:

Date of last Physical Exam: _____ Physician: _____ Phone: _____

Reason: _____