

PATIENT INTAKE SHEET



Brevard Plastic Surgery &
Skin Treatment Center
Roxanne Guy, MD, F.A.C.S.

Today's date: _____ Patient's name: _____

Patient age: _____ Marital status: _____

City of residence: _____

Employed by: _____ What type of work: _____

Spouse employed by: _____

Referred by: _____

Reason for this appointment: _____

Height: _____ Weight: _____ Allergies: _____

Medications/Dosages: _____

Herbal/natural meds: _____

Smoking history: _____ Packs per day: _____ How many years: _____ Quite for how long: _____

Drinking history: _____ Drinks per week: _____ History of alcoholism: _____

Any recreational or street drugs: _____

Any medical problems: _____

Diabetes: _____ High blood pressure: _____ History blood clots: _____ Heart/lung/liver/kidney disease: _____

Cancer: _____; type: _____

Problems with anesthesia: _____ Bleeding tendencies: _____

Previous surgery/Approx. dates: _____

Previous blood transfusion or contact with AIDS victims: _____

General doctor: _____ Gynecologist: _____

Number of pregnancies: _____ Number of children and ages: _____

Last menstrual period date: _____ Any chance of pregnancy now or trying to conceive? _____

Pertinent family medical history: _____

Personal diet and exercise habits: _____

Nurse's Notes: _____

Video(s) seen: _____

Informed consent sheet: _____ Pre/post-op pictures shown: _____

Doctor's notes:

Doctor's exam: