

New Patient

Name: _____ Date: _____

Date of Birth: _____ Occupation: _____ Height: _____ Weight: _____

Reason for visit: _____

Referring Physician (name, address, phone): _____

Preferred Pharmacy (name, address, phone): _____

Medications / Vitamins / Supplements / Substances:

Do you take aspirin, ibuprofen, herbal medication, or similar **blood thinners**? Yes No

Illnesses (include past major illnesses):

Surgery / Procedures (include dates):

Allergies to any medications, foods, or environmental factors? Yes No List all allergies:

Do you **smoke**? Yes No Packs per day ____ How many years? ____ If quit, when? ____

Do you drink **alcoholic** beverages? Yes No Amount _____

Are you **pregnant** or **nursing**? Yes No N/A

Do you or any blood relatives have a **bleeding** problem with surgery or cuts? Yes No

Medical problems that you or any family members have or have had?



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Please check all that apply:

GENERAL:

chills
fever
night sweats
nausea
weight loss (not intentional)

Skin:

itching
rashes
sores on skin

Eyes:

dry eyes
excessive tearing
blurred vision
double vision

Nose/Sinus

nasal obstruction
headache
smell disturbance
frequent colds
post nasal drip
sneezing
sinus pain
sinus infections
nose bleed

Allergy:

skin sensitivity
latex allergy

Mouth/Throat:

bleeding
voice changes
oral ulcers
sore throat

Neck:

neck mass
neck pain
neck stiffness
swollen glands

Musculoskeletal:

cramping
going or muscle pain
weakness
tenderness

Neurologic:

numbness
headache
visual change
memory change
speech disturbance
loss of consciousness

Respiratory:

cough
decreased exercise tolerance
difficulty breathing
coughing blood

wheezing

Cardiac:

chest pain
shortness of breath
palpitation
leg swelling

Hematologic/Lymphatic:

bleeding
easy bruising
swollen lymph nodes

Gastrointestinal:

decreased appetite
nausea
vomiting
heartburn
regurgitation
jaundice
diarrhea
gas
blood in stools
black tarry stools

Endocrine:

heat or cold intolerance
flushing
fingernail changes
increased thirst

Please state other information you think we should know:



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