

MEDICAL INFORMATION

THOMAS F. MITTS, M.D., F.A.C.S., INC.

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

- 1. Please list the specific reason for your consultation...
Are you experiencing any crisis or stress in your life?
How long have you been thinking of this?
Are you a perfectionist?
2. What are your current expectations for the outcome of your surgery or treatment?
3. Have you consulted any other doctors or plastic surgeons about this? Yes No If yes, please list names
4. Have you ever had cosmetic or reconstructive surgery? Yes No If yes, please list type Any problems?
5. Date of your most recent physical exam and name of physician
6. Date of last menstrual period Could you be pregnant?
7. Please list your height weight Weight loss or gain in the past year # lbs. loss gain
8. Have you ever had an operation or anesthesia? Yes No If yes, please list operation and approximate date
9. Did you have any problems with healing after surgery?
10. Have you or any member of your family had a reaction to a local or general anesthesia? Yes No If yes, explain
11. Do you or any member of your family have bleeding problems?
12. Have you ever received blood or any blood products? Yes No If so, list dates

Do you have any of the following? If you have been or are being treated Does codeine make you ill?
heart disease thyroid disease for any of the following, please circle Do you have any known allergies to food or
heart murmur kidney disease and list physician: medications?
high blood press lung disease depression
diabetes asthma heart disease
epilepsy/seizures arthritis high blood pressure
depression pacemaker other

Have you had any of the following? Please list any pertinent family Do you or have you ever used any of the
rheumatic fever cancer (any kind) medical history: (i.e. heart disease, following? Please circle and list daily use:
hepatitis valley fever breast cancer, melanoma, anesthesia Caffeine
Do you experience any of the following? deaths, etc.) Tobacco
shortness of breath blood in urine Alcohol
shortness of breath blood in stool
with exercise blood in sputum
a morning cough jaundice
swelling of ankles easy bruising
prolonged bleeding dizzy spells
chest pain Do you take diet pills?
Do you take herbs?
Do you or have you ever taken
steroids?
Approximate dates

Have you ever used any illegal drugs? If yes, please list approximate dates, duration and substance
List any other medications you are taking (including birth control or hormone pills):