SOMERSET PLASTIC SURGERY
HEALTH HISTORY FORM

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Check Physician Box

NAME: _____ ☐ Female ☐ Male
Last First Middle

AGE: _____ DATE OF BIRTH: _____/_____/_____ HEIGHT _____ WEIGHT _____

Reason for your visit today: _____

PAST MEDICAL CONDITIONS: ☑ appropriate boxes below

- ☐ No Past Medical History
- ☐ AIDS
- ☐ Alcoholism
- ☐ Anemia
- ☐ Anesthesia Problems
- ☐ Autoimmune Disorder
- ☐ Arthritis
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Breast Cancer
- ☐ Cancer _____ Type
- ☐ Chest Pain/Tightness
- ☐ Depression/Anxiety
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Heart Murmur
- ☐ Healing Problems _____
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ HIV Positive
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Pacemaker
- ☐ Post Radiation Therapy
- ☐ Psychiatric Care
- ☐ Skin Cancer
- ☐ Stroke
- ☐ Substance Abuse
- ☐ Thyroid Problem
- ☐ Tuberculosis
- ☐ Transfusion _____ Date

Other_____

FEMALES ONLY:

- ☐ Fibrocystic Breasts
- ☐ BRCA Gene Positive
- ☐ Going Through Menopause
- ☐ Ovarian Cancer

Plan Becoming Pregnant? Y [ ]N[ ]
Pregnancies_____
Live Births_____
Ages of Children: _____
Currently Pregnant: Y [ ]N [ ]
Last Mammogram
Normal:Y [ ]N [ ]_____ Date:

MEDICATIONS: Attach Sheet if more room is needed
ARE YOU TAKING ASPIRIN Y [ ] N [ ] Dose_____

Drug Name	Dose	Frequency

Pharmacy: Phone#:
Address:

ALLERGIES: LATEX Y [ ] N [ ]
Please List All Medication/Substance Allergies_____

SURGICAL HISTORY List any surgeries/ hospitalizations

Description	Year

FAMILY HISTORY: ☑ If applicable

- ☐ Breast Cancer – Who:_____
- ☐ Diabetes
- ☐ Heart Disease/Stroke
- ☐ High Blood Pressure
- ☐ Hemophilia
- ☐ Malignant Hypothermia/Hyperthermia
- ☐ Ovarian Cancer
- ☐ Skin Cancer
- ☐ Abnormal Bleeding; Abnormal Clotting
- ☐ Other:_____

SOCIAL HISTORY: SOCIAL HISTORY: ☑ If applicable

Smoking Y [ ] N [ ] #Packs per day: _____ Alcohol Y [ ] N [ ] #Drinks per Wk:_____ Substance Abuse: Y [ ] N [ ] Caffeine Y [ ] N [ ]

I certify that the above information is correct to the best of my knowledge. I will not hold Dr. Busuito responsible for any omissions/errors I have made in completing this form. This information is confidential and will not be released without consent.

Signature:_____ Date:_____ Reviewed by: _____ Date: _____