



**DIVISION OF PLASTIC, RECONSTRUCTIVE  
AND COSMETIC SURGERY  
802-847-3340**

To Our Patients:

Welcome to our practice. We are part of the Fletcher Allen Department of Surgery and hold faculty appointments in the University of Vermont College of Medicine. We help teach students and residents, whom you may meet during your visit to our office. Please fill out the accompanying health history. We will see you as soon as possible to discuss the reason for your visit and examine you. Please note that photographs are a standard part of plastic surgery care and will stay in your chart as part of your medical record.

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Today's Visit:

Drug Allergies/Reactions: Include latex, tape and local or general anesthesia if present:

Chronic Medical Conditions:

Previous Surgery. Please list surgery type and year of surgery:

Medication Including Dosage and Frequency: All prescriptions, herbal and over the counter medications taken regularly:

Do you have an Advanced Directive (i.e. Durable Power of Attorney for Health Care or a Living Will) on file? Yes  No

Have you previously been treated for mental health issues? Yes  No

Have you ever received a blood transfusion? Yes  No

Have you ever been pregnant? Yes  No

**Smoking/Drug History** Yes No

Do you currently smoke cigarettes?

If present or past cigarette smoking, how much? \_\_\_\_\_

When did you quit? \_\_\_\_\_

2. Used recreational drugs?.....

If Yes, what kind? \_\_\_\_\_

**Family History**

1. Do you have a first-degree relative (parent, brother, sister, child) with: Relationship/Age at Diagnosis

a. heart attack, angina or bypass before age 50 if a man, 60 if a woman?..... \_\_\_\_\_

b. breast cancer or mastectomy?..... \_\_\_\_\_

c. colon or rectal cancer or polyps?..... \_\_\_\_\_

e. ovarian cancer?..... \_\_\_\_\_

f. diabetes or "sugar"?..... \_\_\_\_\_

g. melanoma (cancerous brown mole)?..... \_\_\_\_\_

Are there any other diseases that run in your family? Specify: