

# REGENESIS

PLASTIC SURGERY AND SKIN CARE CENTER

2643 Patterson, Suite 506 \* St. Mary's Physician's Tower \* Grand Junction, Colorado 81506 \* 970-242-8177 \* fax: 970-255-3558

Date \_\_\_\_\_

## Confidential Health Questionnaire Pediatrics

Patient Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Referring Physician \_\_\_\_\_

Reason for visit \_\_\_\_\_

### MEDICAL INFORMATION

Children less than 2 years of age:

Age: \_\_\_\_\_

Sex:  Male  Female

Birth Weight: \_\_\_\_\_

Current weight: \_\_\_\_\_

Gestation: \_\_\_\_\_ weeks

Delivery:  Vaginal  C-Section

Complications?: \_\_\_\_\_

Feeding:  Breast  Formula  Both

Immunizations up to date?  Yes  No

Any family history of:  Cleft lip/palate  Polydactyly  Abnormal head shape

Allergies  None  Penicillin  Latex  Sulfa  Iodine  Codeine

DRUG:

REACTION:

- |                                |       |
|--------------------------------|-------|
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |

Medications (including dietary supplements, nonprescription and herbal products)

NAME:

DOSAGE:

FREQUENCY:

- |          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

Surgeries: (Please list all previous surgeries including approximate date)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Has the patient ever had a serious reaction to anesthesia?  No  Yes: \_\_\_\_\_

**Social History**

Current Occupation: \_\_\_\_\_

Marital Status:     Single    Married         Divorced     Legally Separated         Widowed         OtherDo you smoke or chew tobacco?     Never    Some Days     Daily    Former Smoker  
How many packs per day? \_\_\_\_\_    When did you quit? \_\_\_\_\_Do you drink alcohol?             No     Rarely     Weekly     DailyDo you use recreational drugs?     No     Yes: \_\_\_\_\_**Review of Systems (Current symptoms)**GENERAL:

- Anorexia
- Appetite Loss
- Chills
- Excessive Crying
- Fatigue
- Fever
- Significant Weight Change

SKIN:

- Bruising
- Change in Wart/Mole
- Excessive Sweating
- New Lesion
- Rash

HEENT:

- Dentures
- Difficulty swallowing
- Nose bleeds
- Headaches
- Recurrent sinusitis
- Hearing loss
- Ear Drainage
- Ear Pain
- Dizziness
- Wears glasses
- Wears contacts
- Glaucoma
- Facial numbness/tingling
- Trouble opening mouth

NECK:

- Mass
- Pain
- Swollen glands
- Stiffness

RESPIRATORY:

- Wheezing
- Bronchitis
- Pneumonia
- Shortness of Breath
- Constant cough

CARDIOVASCULAR:

- Low blood pressure
- Chest pains
- Irregular heart beat

BREAST:

- Mass
- Pain
- Swelling
- Discharge
- Gynecomastia
- Skin Changes

GASTROINTESTINAL:

- Urinary infections
- Heartburn
- Colitis
- Chronic diarrhea
- Jaundice
- Pancreatitis
- Hernia

MUSCULOSKELETAL:

- Arthritis
- Rheumatoid Arthritis
- Limited joint motion
- Muscle weakness

BLOOD:

- Anemia
- Sickle cell disease/trait
- Easily bruised

NEUROLOGICAL:

- Numbness or Tingling
- Head injury

PSYCHOLOGICAL:

- Depression
- Anxiety
- Other Mental problem \_\_\_\_\_

OTHER:

- Fibromyalgia

**Family Medical History** (Please explain if any of these conditions have affected a blood relative)

- Cancer       Breast Disease    Heart disease    Diabetes       Bleeding problem       Reaction to anesthesia

**Medical Illnesses:** (This applies to the patient. If yes, please explain)

EYES:

- Glaucoma  
 Vision loss/blindness

STOMACH/INTESTINAL:

- GERD       Ulcers  
 Other: \_\_\_\_\_

LUNGS/RESPIRATORY:

- Asthma  
 Obstructive Sleep Apnea       CPAP  
 COPD/emphysema/chronic bronchitis  
 Pneumonia  
 Tuberculosis  
 Other: \_\_\_\_\_

HEART:

- High blood pressure       High cholesterol  
 Heart murmurs       Heart Valve Problem  
 Irregular or rapid heart beat  
 Coronary heart disease  
 Congestive heart failure  
 Heart attack      year: \_\_\_\_\_  
 Implanted pacemaker or defibrillator  
 Other: \_\_\_\_\_

NEUROLOGICAL:

- Stroke       Seizures/Epilepsy  
 TIA (transient ischemic attacks)  
 Multiple Sclerosis  
 Other: \_\_\_\_\_

MUSCLE/JOINT:

- Arthritis  
 Fractures: \_\_\_\_\_

URINARY/BLADDER PROBLEMS:

- Stress/urge incontinence  
 Frequent urinary tract infections  
 Gynecological problems  
 Other: \_\_\_\_\_

ENDOCRINE DISORDERS:

- Thyroid disease (hyper/hypo)  
 Diabetes mellitus  
 Osteoporosis/Osteopenia

IMMUNE SYSTEM/INFECTIONS:

- AIDs or HIV positive  
 Hepatitis       Jaundice or liver disease

PSYCHOLOGICAL DISORDERS:

- Depression       Anxiety  
 Other: \_\_\_\_\_

CANCER:

- Breast    Lung    Thyroid    Prostate    Kidney  
 Brain    Skin    Other: \_\_\_\_\_

BLOOD DISORDERS:

- History of blood clots (DVT or PE)  
 Coumadin Therapy       Aspirin       Plavix

**How did you hear about ReGenesis Plastic Surgery and Skin Care Center?**

- Internet search       Doctor       Friend       Other \_\_\_\_\_  
 Television       Magazine

Who can we thank for this referral? \_\_\_\_\_

Completed by \_\_\_\_\_

Signature \_\_\_\_\_

*Section below to be completed by physician*

**I have read & reviewed**  
**Physician's Signature** \_\_\_\_\_