



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

Patient Name _____ Date of birth _____ Age _____

Primary Care Physician _____ Referring Physician _____

Reason for visit _____

MEDICAL INFORMATION

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 Other

Do 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 Daily

Do 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** _____