



# 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 for Breast Reconstruction

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

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

Oncologist (Cancer Physician) \_\_\_\_\_ Breast Cancer Surgeon \_\_\_\_\_

Cancer type:

DCIS       LCIS       Other: \_\_\_\_\_

Breast Surgeon's plan:

None, cancer already removed       Right mastectomy       Left mastectomy       Other: \_\_\_\_\_

Current Bra Size: \_\_\_\_\_

After breast reconstruction, would you like to:

Keep your current breast size       Have smaller breasts       Have larger breasts

Have you **had** radiation treatment to your chest?       No       Yes

Will you be having radiation treatment to your chest?       No       Yes

### 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         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
- Television
- Magazine
- Other \_\_\_\_\_

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

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

Signature \_\_\_\_\_

*Section below to be completed by physician*

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