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Plastic & Reconstructive Surgery

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CONFIDENTIAL MATERIAL

Patient's Name _____ Appointment Date _____

MEDICAL HISTORY

YES NO

- Have you ever had a heart condition?
 A heart murmur?
 A heart attack?
 Angina?
 Have you ever had a lung condition?
 Have you ever had asthma?
 Any episodes of pneumonia?
 Do you smoke?
 Cigarettes Cigars Pipe
 How many packs a day? _____
 How many years? _____
 If not, when did you quit? _____

- Have you ever had a liver condition?
 Any episodes of hepatitis or yellow jaundice?
 Are you HIV +
 Do you have a history of MRSA infection?
 Do you frequent nursing homes or hospitals?
 Do you drink alcoholic beverages?
 How much per day? _____
 How much per week? _____

- Have you ever had a kidney condition?
 Any kidney stones?
 Any kidney infections?
 Have you ever had any skin conditions?
 Any rashes now?
 Any keloid scars?

- Have you ever had hypertension (high blood pressure)?
 Have you ever been told you or one of your relatives have Malignant Hyperthermia?
 Have you ever had phlebitis (clots in leg veins)?

R L Which is your dominant hand?

YES NO

- Have you ever become nauseous after surgery?
- Has any pain prescription ever made you nauseous?
Please list those that have made you sick _____
List any that work well for you _____
- Do you get motion sickness or sea sickness?
- Do you take birth control or hormone pills?
- If female, are you pregnant?
- Have you ever had a stomach condition?
- Have you ever had any unusual bleeding tendencies?
- Have you had a nosebleed in the last year?
- Do you have more than two bruises now?
- Have you ever had excessive bleeding following a surgical procedure?
- Does anyone in your family have unusual bleeding tendencies?

List any surgical procedures that you have had? (Please list any complications)

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

List any medications you take regularly: _____

List any herbal remedies you take regularly: _____

- Have you ever had an allergic reaction?
- Have you ever had an allergic reaction to skin tape or ointments?
- Are you allergic to Latex? If yes, the type of reaction and when? _____
- Are you allergic to Penicillin? If yes, the type of reaction and when? _____
- Are you allergic to Keflex? If yes, the type of reaction and when? _____
- Have you or one of your relatives ever had an allergic reaction to anesthesia?

List any items or medicines, tapes or ointments that you may be allergic to (include type of reaction and when):

Other medical conditions not listed above: _____
