

Medical History

*Date of Last Blood Work (i.e. during physical, surgery, traveling, etc.): _____

Doctor/Institution Name: _____

Phone #/Address: _____

Do you have Kaiser Insurance? YES NO

YES NO

☐ ☐ Do you have any allergies(penicillin, eggs, shellfish, metals, iodine, etc)?

If yes, please list:

☐ ☐ Are you currently taking medications?

If yes, please list:

☐ ☐

☐ ☐ Do you have a bleeding disorder?

☐ ☐ Recurrent nose bleeds?

☐ ☐ Do u have menstrual cycles that are heavy and last more than seven days?

☐ ☐ Do you have a history of poor healing? (ie. Keloids, diabetes, etc)

☐ ☐ Are you pregnant?

How many children do you have? _____

☐ ☐ If you had children, did you have any through c-section?

☐ ☐ Have you had a hysterectomy? Date: _____

☐ ☐ Have you had your gall bladder removed?

☐ ☐ Have you had your appendix removed?

☐ ☐ Have you had weight loss surgery? Which kind?

☐ ☐ Have you ever had Bell's Palsy?

☐ ☐ Do you smoke? If yes, how often and how much:

☐ ☐ Have you ever had any problems with general anesthesia?

☐ ☐ Have you ever had any problems with local anesthesia?

☐ ☐ Have you had any previous surgery?

If yes, please list with dates:

☐ ☐ Do you drink alcohol? If yes, how often and how much:

☐ ☐ Have you ever had a history of facial numbness or weakness?

☐ ☐ Have you ever had a cold sore?

☐ ☐ Have you ever had a herpes out-break? If yes, how often?

☐ ☐ Are you at risk for AIDS?

☐ ☐ Have you ever had an AIDS test? What was the result?

☐ ☐ Do you have high blood pressure?

☐ ☐ Do you have varicose veins?

☐ ☐ Have you recently had a weight loss or gain (over 10 lbs)?

Your current estimated weight (in lbs) _____

☐ ☐ What have you done to lose weight or maintain your weight?

☐ ☐ Have you ever had hepatitis or jaundice?

☐ ☐ Do you have any eye problems? If yes, please list:

☐ ☐ Has any member of your family ever had a problem with local or general anesthesia?

☐ ☐ Is there any medical condition that you have that I should know about? If yes, please list:

☐ ☐ Have you experienced a recent emotional crisis? Explain:

You give us permission to talk to your doctor about your care at Vita Surgical Group.
ALL DISPUTES BETWEEN YOU AND US WILL BE SUBJECT TO INDIVIDUAL
ARBITRATION ACCORDING TO THE FAA. See attached.

Signature