FORM F

GENERAL HEALTH HISTORY

SCULTURA PLASTIC SURGERY

Patient Name _____ ☐ F ☐ M Date _____

Date of Birth _____ SSN _____

Address _____ City _____

State _____ ZIP _____ E-Mail _____

Home Telephone _____ _____ may contact me _____ may leave a message

Office Telephone _____ _____ may contact me _____ may leave a message

Mobile Telephone _____ _____ may contact me _____ may leave a message

Condition/Goals:

I am here today because I: _____

My goals for plastic surgery include: _____

I would describe the present condition(s) I wish to improve as: _____

Health history:

I am ALLERGIC TO THE FOLLOWING MEDICATIONS: _____

I have the following additional ALLERGIES: _____

I have had the following SURGERIES: _____

I am presently under a DOCTOR'S CARE for the following conditions: _____

I have the following MEDICAL CONDITIONS: _____

I would describe my PRESENT STATE OF HEALTH as: _____

I take the following medications, hormonal supplements, vitamins, herbal supplements: _____

Use the space below if needed to elaborate on any of the above items:

_____

_____

_____

_____

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SCULTURA PLASTIC SURGERY

Background

I was referred to Dr. Strawn by (name and relation): _____

I saw/learned about Dr. Strawn or Scultura Plastic Surgery in (choose all that apply):

Web: ☐ www.surgery.org ☐ www.sculturaplasticsurgery.com

Advertising: ☐ Yellow Pages ☐ other: _____

Other: ☐ Article/News _____ ☐ Seminar _____

I have read about or researched my condition/goals in:

Web: ☐ www.surgery.org ☐ www.sculturaplasticsurgery.com ☐ www._____

Other: ☐ Books/Magazines _____ ☐ Seminar _____

Whom may we contact in an emergency?

Name: _____ Relationship: _____

Telephone: _____ Mobile: _____

Address: _____

I attest the above history is completed to the best of my knowledge and understand and accept that my failure to disclose any of the above information can adversely affect a prescribed course of treatment to meet my goals, my safety, or the outcome of any treatment I elect to undergo with Dr. Strawn or any member of the Scultura Plastic Surgery staff.

Patient signature _____ Date _____