

**Mountain Brook Plastic Surgery & Laser Center, LLC.**  
2850 Cahaba Road Suite 100, Birmingham, Alabama, 35223 (205)871-4440

**PATIENT HISTORY**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Daily Medications (Name & Dosage)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Drug Allergies**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Surgery (Type & Date):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Medical History**

**Check if applicable**

Heart Disease (Heart attack, Heart failure, abnormal rhythm)

\_\_\_\_\_

Mitral Valve Prolapse

\_\_\_\_\_

Asthma

\_\_\_\_\_

Sleep Apnea

\_\_\_\_\_

Diabetes

\_\_\_\_\_

Hypertension (High Blood Pressure)

\_\_\_\_\_

Hepatitis

\_\_\_\_\_

Jaundice

\_\_\_\_\_

Seizures

\_\_\_\_\_

Blood Thinners (Plavix, Coumadin, Aspirin)

\_\_\_\_\_

Adverse Reaction to Anesthesia

\_\_\_\_\_

Please list any other illness that require surgery, hospitalization or chronic treatment: \_\_\_\_\_

\_\_\_\_\_

Do you smoke? \_\_\_ Yes \_\_\_ No

**FOR WOMEN ONLY – Breast History**

Cancer personal: \_\_\_\_\_ Family History: \_\_\_\_\_ Relation: \_\_\_\_\_

Chronic/cyclic breast pain: \_\_\_\_\_ Cyclic Mastopathy: \_\_\_\_\_

Last Mammogram: \_\_\_\_\_ Result: \_\_\_\_\_

If you are considering breast surgery-

Bra Size: \_\_\_\_\_ Desired Size: \_\_\_\_\_

Have you ever used Accutane? \_\_\_ Yes \_\_\_ No

If so, when did you last take this medication? \_\_\_\_\_

Are you currently on some type of daily skin care regimen? \_\_\_ Yes \_\_\_ No

If so, please describe - \_\_\_\_\_