Nikesh K. Patel, MD
New Reflections Plastic Surgery
509 Stillwells Corner Road, Suite E5
Freehold, New Jersey 07728
(732) 354-3792

Please complete Medical History Form to the best of your ability

Name _____ Age _____ Height _____ Weight _____

Purpose of Consultation
_____

How did you hear about Dr. Patel? _____

Please circle all of the following medical conditions that you have or have had in the past:

Bleeding tendency hepatitis diabetes blood transfusion glaucoma dry eyes lung disease TB asthma wheezing emphysema bronchitis irregular heartbeat chest pain heart disease heart attack stroke epilepsy heartburn intestinal ulcers or bleeding depression mental illness drug or alcohol addiction any other serious injury or illness

Please list any **medications or herbal products** that you take on a regular or occasional basis. If you can, please also include dosage and frequency:

_____

_____

Please circle any medications that you are currently taking: Birth control pills aspirin ibuprofen containing drugs diet pills diabetic medications steroids glaucoma drops asthma medications Lanoxin nitroglycerin Isordil Inderal other heart medications Lasix other diuretics high blood pressure medications Coumadin Plavix tranquilizers sleeping pills antidepressants other pills or shots

Do you have any **allergies** to medications? _____ If so, please list drug and reaction: _____

_____

_____

Has anyone in your family or you ever suffered from diabetes, high blood pressure, breast cancer or odd reactions to anesthesia. Please list:
_____

_____

Smoking can complicate surgery:

Do you or have you ever smoked?_____ If so, how much and for how long? _____

Please list all previous surgeries that you have had :
_____

_____

_____

Patient Signature: _____ **Date:** _____ rev. 8/08