Medical History Questionnaire

Dr. York Yates
Plastic Surgeon, Tanner Clinic, Utah

Name:__________________________ Chart #: _______________ Date :_____________

Age: ________ Height : ________ Weight: __________

Home city: ________________ Phone: _______________ Cell phone: ________________

Reason for visit today: ____

How long have you had this condition: ______________________ work related?:☒ yes ☒ no

List any **medications** taken on a regular basis?
☒blood thinners, ☒aspirin, ☒steroids,☒insulin _____________________________

____

Allergies to medications? ____

Previous **operations**?____

Medical conditions? ____

☒Heart disease, ☒high blood pressure, ☒diabetes,

☒blood clots in the legs (DVT), ☒bleeding disorder

☒stroke, ☒seizure disorder, ☒breathing problems

Have you or any relatives had any problems with anesthesia in the past? yes ☒, no ☒

Number of pregnancies? __________, number of births? __________, C section? yes ☒, no ☒

Do you suspect that you may be pregnant? yes ☒, no ☒
Have you had a tubal ligation or hysterectomy? yes ☒, no ☒

Do you **smoke**? yes ☒, no ☒ ________________ pack(s)/ day
Do you drink alcohol? yes ☒, no ☒

How did you hear about us?

- previous patient/ friend (whom):____
- Doctor referral (whom):____
- Online: www.yorkyates.com ☒, other website?:______________________________
- Yellow pages ☒