



**PLASTIC SURGICAL ARTS**  
The Beauty of Transformation

Plastic Surgical Arts  
4400 Lucile Dr., Ste 103  
Lincoln, NE 68516  
(402) 483-2572

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Height: \_\_\_\_\_ ft \_\_\_\_\_ in      Weight: \_\_\_\_\_ lbs      Gender:      F      M

Smoker:      Y      N      Flu Vaccine:      Y      N      Pneumonia Vaccine:      Y      N

Referring Physician: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Reason For Today's Consultation: \_\_\_\_\_

\_\_\_\_\_

Have you ever been diagnosed with:

Heart Disease: \_\_\_\_\_

Lung Disease: \_\_\_\_\_

Breast Disease: \_\_\_\_\_

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

Intestinal Disease: \_\_\_\_\_

Neurologic Disease: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Cancer: \_\_\_\_\_

Blood Transfusion: \_\_\_\_\_

Steroids: \_\_\_\_\_

Currently Pregnant:      Y      N

Other Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family History Of:

Breast Cancer: \_\_\_\_\_

Bleeding Disorder: \_\_\_\_\_

Issues w/Anesthesia?      Y      N

Other: \_\_\_\_\_

Medications: (or attach med list)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergy to Latex?      Y      N

Operations, Dates and Complications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_