



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)

Allergy to Latex? Y N

Operations, Dates and Complications:
