

MEDICAL QUESTIONNAIRE FOR THE OFFICE OF DR. VICTOR AU

Please answer the following questions accurately and completely. These responses will help us provide the best care for you.

Patient Name _____
Last First Middle

Date _____ Age _____ Weight _____ Height _____

Home Phone# _____ Cell # _____ Work # _____

Allergies Medication/Food/Reaction _____

Current medications (include herbals):

Prior surgical procedures: _____

Yes No

- Do you have bleeding problems?
- Do you or any of your family have sickle cell trait?
- Have you or any family member ever had malignant hyperthermia?
- Have you or any blood relatives had difficulties with anesthesia?
- Do you have an **allergy to latex** (rubber) products?
- Do you have a thyroid condition?
- Do you have a heart condition?
- Have you experienced chest pain?
- Do you experience shortness of breath?
- Do you have sleep apnea?
- Have you recently had a cold or flu?
- Do you have asthma, bronchitis, or any other breathing problem? Specify _____
- Do you have or have you had any blood borne disease such as HIV/AIDS?
- Do you (or did you) smoke? _____Packs/day _____Number of years _____Date you quit _____

Note: Smoking leads to poor wound healing or worse. Stop 30 days before any lift or tuck, till 30 days after, not a Single cigarette, and NO nicotine products (gum, patches, chewing tobacco).

Yes No

- Do you consume alcohol? If so, what? _____Drinks/week _____
- Do you take or have you taken recreational drugs? If so, what _____ when _____
- Have you taken cortisone (steroids) in the last six months?
- Do you take any nonsteroidal, anti-inflammatory drugs? If so, what _____
- Have you had hepatitis, liver disease, or jaundice? Explain _____
- Do you have or have you had kidney disease?
- Do you have ulcers or other stomach disorders?
- Do you have a hiatal hernia or acid reflux?
- Do you have back or neck pain?
- Do you have numbness, weakness, or paralysis of your extremities? If so, explain _____
- Do you have any muscle or nerve disease?
- Do you have bridgework or oral or body piercings?
- Do you have loose, chipped, or false teeth?
- Do you wear contact lenses?
- "Have you ever received a blood transfusion?
- Do you have diabetes?
- Do you have hypertension (high blood pressure)?
- (Women) Are you pregnant? Due Date _____
- (Men) Do you take Viagra?

Note here anything else you wish to disclose: _____

Signed: _____ Date _____