



**PLASTIC
SURGERY
CENTER**

SUMMIT MEDICAL GROUP

1 Diamond Hill Road • Berkeley Heights, NJ 07922
908-277-8759 • www.plasticsurgerySMG.com

Name _____ Age _____

Email _____ (for "SMG Portal")

Referred by _____

Primary Doctor _____

Reason for visit _____

Race / Ethnic Origin

(for US gov't reporting only)

- Asian
- Black / African American
- Hispanic / Latino
- Hawaiian / Pacific Island
- White

Personal History

- Asthma
- Diabetes
- Heart Disease
- High Cholesterol
- High Blood Pressure
- Stroke or TIA
- Thyroid Disorder
- HIV
- Hepatitis
- Cancer: _____
- Other: _____

Surgical History (include cosmetic surgery)

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Health History

- Bleeding problems after surgery
- Blood clots
- Heart attacks or daily chest pain
- Shortness of breath or wheezing
- Irregular heartbeat
- Eye dryness
- Hearing problems
- Nausea after anesthesia
- Arthritis
- Anxiety
- Depression

Medication Allergies

Skin Sensitivities

- Latex
- Adhesive tape

Medications Check this box if your medications are in our electronic record

Type of Work _____

Smoking None Yes (quantify) _____

Alcohol None Yes (quantify) _____

- Family** Breast cancer Melanoma Blood clots
- Major anesthesia-related complications