



black hills
PLASTIC SURGERY

Robert J. Schutz MD, FACS | Mary C. Snyder, MD

Confidential Health Questionnaire

Date _____

Name _____ Age _____ Date of Birth _____

Primary Care Provider: _____ Referring Provider: _____

Reason for Visit: _____

Any breast problems or surgery: _____

Current bra size _____ Date and result of last mammogram: _____

Please list any current or past health problems:

Do you have or have you ever had:

Blood clot Y N Bleeding disorder Y N Reaction to anesthesia Y N Hepatitis, HIV/AIDS Y N

Details of the above _____

Please list all medications and doses, including prescriptions, over-the counter medications and vitamins or supplements:

Allergies to medications: _____

Latex Allergy: YES NO

Please list all surgeries or procedures and any complications:

_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____



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Have you had any recent problems with: (if yes, please explain)

- Fevers, chills, unplanned weight loss: _____
- Nosebleeds, sore throat, earache, fever blisters: _____
- Change in vision, dry eyes: _____
- Shortness of breath, cough: _____
- Chest pain, palpitations, fainting: _____
- Nausea, vomiting, diarrhea, heartburn: _____
- Urinary tract infection, blood in the urine: _____
- Anxiety, depression: _____
- Numbness, tingling, dizziness: _____
- Joint pain, broken bones: _____
- New or changing skin lesions: _____

Family Medical History (please explain if any of these conditions have affected a blood relative)

- Abnormal reaction to anesthesia, excessive bleeding, blood clots: _____
- _____
- Breast cancer: _____
- Heart disease: _____

Please list any other significant health problems in 1st degree relatives: _____

Social History

Current Occupation _____ Marital Status: M S D W
Do you smoke or use tobacco? _____ Packs per day ____ Year started ____ Year stopped ____
Number of children _____ Are you planning on having more children? _____
Do you drink alcohol? N Y Drinks per week _____ Do you use recreational drugs? N Y _____

How did you hear about Black Hills Plastic Surgery: Doctor referral Referral from friend
 Internet Newspaper/magazine ad Yellow pages Other: _____

Signature _____ Date _____

Ht _____ Wt _____ BP _____/_____ Pulse _____ Temp _____ Pain _____/10