

Todd C. Case, M.D., F.A.C.S.
Cosmetic Surgery Center

Thank you for choosing Dr. Case.

In order for us to more fully understand your need, we greatly appreciate you taking a moment to answer the following questions about your health and habits. Please answer each question to the best of your ability.

All information will be held in the strictest confidence.

Health Questionnaire

Date: _____

Name: _____ Date of Birth _____

Height _____ Weight _____

Address _____

_____ Zip _____

Phone: _____ Social Security # _____

Work Phone: _____ Occupation: _____

Cell Phone: _____

Person to notify in an emergency: _____

Phone: _____

1. Please list any operations you have had including minor or cosmetic surgery:

2. Any reactions to anesthesia: _____

3. Please list any drugs or foods you are allergic to: _____

4. Are you being treated for any medical illnesses? _____

5. List any and ALL medications and or vitamins you are taking: _____

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6. Have you ever been treated for any of the following:

Asthma Hepatitis Heart Disease Cold Sores
 High Blood Pressure Blood Clot Eye Problems

7. Do you bleed or bruise easily? _____

8. Do you smoke? _____ or drink alcohol? _____

9. Do you form large scars? _____ use Accutane? _____

10. Do you diet? _____ or exercise? _____

How did you hear about us? Website Newspaper Yellow Pages
 Referring Physicians Other

If you heard about us from a friend we would like to know their name so we can thank them.

Please describe your daily skin care regimen: _____

I am interested in learning about:

<input type="checkbox"/> Facial Skin Rejuvenation	<input type="checkbox"/> Facial Wrinkles / Laser
<input type="checkbox"/> Aging eyes / Eyelid surgery	<input type="checkbox"/> Aging Face / Face & Necklift
<input type="checkbox"/> Collagen / Botox	<input type="checkbox"/> Breast Implants / Breast Lifting
<input type="checkbox"/> Body contouring / Liposuction	<input type="checkbox"/> Tummy Tuck
<input type="checkbox"/> Nasal surgery	<input type="checkbox"/> Other: _____

Comments: _____

Signature: _____

Date: _____