

**NANTUCKET PLASTIC SURGERY
PATIENT INFORMATION**

Date_____ Referred by_____

Name_____ Family MD _____

Address_____ Pharmacy Phone_____

City_____ State___ Zip_____

Phone(H)_____ Cell_____ **Spouse or Responsible Party**

Birthdate_____ Age_____ Name_____

SS#_____ Address_____

E-mail_____ Phone (H)_____ (W)_____

Employer_____ Employer_____

Occupation_____

Employer Address_____ If visit due to an injury, please give

City_____ State___ Zip_____ Date_____ Place_____

Work Phone_____ For an auto accident, please give

Insurance co._____

Agent_____

Work-related visit? Yes No

PLEASE HAVE INSURANCE CARDS AVAILABLE SO COPIES CAN BE MADE

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I HEREBY AUTHORIZE NANTUCKET PLASTIC SURGERY TO RELEASE ANY AND ALL INFORMATION CONCERNING MY EXAMINATION AND TREATMENT TO THE APPROPRIATE INSURANCE COMPANIES, MY PHYSICIANS AND MY EMPLOYER.

AUTHORIZATION TO PAY PHYSICIAN

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO NANTUCKET PLASTIC SURGERY THE MEDICAL/SURGICAL BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE TO NANTUCKET PLASTIC SURGERY FOR CHARGES NOT COVERED BY THIS AUTHORIZATION.

Date_____ Signature_____

MEDICAL INFORMATION

Describe the problem for which you are seeking treatment

Drug allergies _____

Present medications _____

Medical problems (diabetes, hypertension, heart problems, respiratory problems, hepatitis, jaundice, arthritis, sleep apnea)

Previous surgery (include date, doctor, and hospital)

Other hospital admissions/injuries

Anesthetic complications (patient or family) _____

History of blood transfusions/reactions _____

Last tetanus shot _____ Date of last physical examination _____

Height _____ Weight _____ Number of children _____

Cigarette smoker No Yes Packs/day _____

History of easy bruising or bleeding? No Yes History of leg clots? No Yes

History of fever blisters or cold sores? No Yes

Medical conditions that run in family _____
