



RAYMOND M. SEBALLOS, M.D., INC.

DOCERE AESTHETIC CENTER

PLASTIC SURGERY

PATIENT HISTORY SHEET

Patient Name: _____

Reason for visit: _____

Age: _____ Height: _____ Weight: _____ Wt. Chg. In last year: _____

Do you smoke? _____ If yes, how much? _____

Do you drink alcohol? _____ How much and what type? _____

Please list your allergies (Include medicines, food and other substances).

Please list your present medications (Include vitamins, nonprescription and prescription drugs)

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

Please list any past operations you have had (Include your age at time of operation).

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Please list any past or present illnesses including alcohol or drug abuse: _____

Please check which of the following is in your Family History (Blood Relative):

Bleeding Disorders _____	Heart Disease _____
Breathing Disorders _____	Hepatitis _____
Cancer _____ Type _____	High Blood Pressure _____
Diabetes _____ Insulin? _____	Intestinal Problems _____
Epilepsy _____	Kidney Disorders _____
Blood Clots _____	Other _____

When was your last complete physical? _____

Patient Signature _____ Date _____
(Legal Guardian if patient is a minor)