

Sendi Cosmetic Surgery Center, Inc.

Health Profile

CONFIDENTIAL

NAME _____ **BIRTHDATE** ___/___/___ **AGE** _____ **DATE** _____

Primary Care Physician _____ Date of Last Physical Exam _____

Reason for today's visit _____

Are you currently under medical treatment? Please describe: _____

Have you had any serious illnesses? Please describe: _____

Have you had any medically necessary surgeries? Please list: _____

Have you had any cosmetic surgeries, procedures? Please list: _____

ALLERGIES (tape, latex, medications) _____

MEDICATIONS and dosages (prescription and over the counter) _____

Do you smoke? **Y / N** How much? _____ Do you drink alcohol? **Y / N** How much? _____

Do you use recreational drugs? **Y / N** What and how much? _____

Have you ever had any of the following? Please check any that apply:

____ Anemia ____ Diabetes ____ Asthma ____ Emphysema ____ Cancer
____ AIDS/HIV ____ Hepatitis ____ Tuberculosis ____ Hypothyroid ____ Hyperthyroid
____ Chemical Dependency ____ Bleeding tendency (bruise or bleed easily)

I acknowledge that I have provided Dr. Buenaventura truthful and accurate information regarding my medical history.

Signature of patient or legal representative: _____ **Reviewed by:** _____