PLASTIC AND RECONSTRUCTIVE SURGERY
HEALTH HISTORY / REVIEW OF SYSTEMS

Age: ________ T: ________ BP: ________ P: ________ Ht: ________ Wt: ________ BMI: ________

Is pain part of your reason for your visit today? ☐ Yes ☐ No

Location: ______________________________ Intensity: _______ /10
(Pain scale: 0 for no pain – 10 for out of control)

Allergies/Reaction: ______________________________

Please circle yes or no for any you are currently experiencing.

Cardiovascular			**Comments**	**Endocrine**			**Comments**
Chest pain, tightness or angina	Y	N		Thyroid disease	Y	N	
Heart attack	Y	N		Diabetes	Y	N	
History of heart surgery	Y	N		**Hematological**			
Congestive heart failure	Y	N		History of abnormal bleeding after surgery	Y	N	
Artificial heart valve	Y	N		Family history of bleeding/hemophilia	Y	N	
Pacemaker/Automated implanted defibrillator	Y	N		HIV positive or AIDS	Y	N	
Taking blood thinners/anticoagulants	Y	N		History of blood clots	Y	N	
Respiratory				**Gastrointestinal**			
Difficulty breathing, wheezing or asthma	Y	N		Heartburn/reflux	Y	N	
Shortness of breath	Y	N		Liver disease	Y	N	
Current smoker (within last 8 weeks)	Y	N		Hepatitis C	Y	N	
Sleep apnea	Y	N		**Musculoskeletal**			
Neurological				Current joint pain, stiffness	Y	N	
Seizures/epilepsy	Y	N		Joint replacement or prosthetic limb	Y	N	
Peripheral neuropathy	Y	N		Regular use of anti-inflammatories or aspirin	Y	N	
Chronic pain	Y	N		**General**			
Stroke/TIA	Y	N		Current fever/chills	Y	N	
Rheumatologic				Unplanned weight loss of _________ lbs	Y	N	
Arthritis	Y	N		**Ears, Nose, and Throat**			
Eyes				Ear, nose or throat problem	Y	N	
Dry eyes	Y	N		**Psychiatric**			
Blindness	Y	N		Depression, anxiety, other	Y	N	
Dermatologic (skin)				**Gynecology**			
Oral herpes/cold sores	Y	N		Pregnant or could be pregnant	Y	N	
Current skin sores/rashes	Y	N		Breast feeding	Y	N	
Genitourinary				**Cancer**			
Recurrent bladder/urinary tract infections	Y	N		History of cancer	Y	N	
Kidney failure	Y	N		Prior radiation/site	Y	N	
Organ transplant	Y	N		Current/prior chemotherapy	Y	N	
Infections							
(Methicillin-resistant Staphylococcus Aureus) MRSA	Y	N					
(Clostridium difficile) C. Diff	Y	N					

PATIENT NAME & ID #

This form is currently under document review, and is not approved for departmental use.

VIRGINIA MASON MEDICAL CENTER – Seattle WA

Plastic and Reconstructive Surgery Health History / Review of Systems

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