

MEDICAL HISTORY

(If you would rather speak to Dr. Falconer about any of these issues instead of writing them down, feel free to do so)

Are you currently under a doctor's care? _____ If yes, please explain _____

Have you ever: Had a serious illness or hospitalization? _____ If yes explain _____

Please list previous operations, including cosmetic surgery:

Have you ever had a serious neck or back injury?

Do you smoke or use tobacco? _____ How much? _____

Do you drink alcohol? _____ How much? _____

(You may discuss use of recreational drugs or recovery status "off the record")

Are you on a special diet?

WOMEN:

Are you pregnant or trying to get pregnant? _____

Nursing? _____

Taking oral contraceptives? _____

ALLERGIES: Please list all allergies to medications and environmental allergies:

MEDICAL HISTORY CONTINUED

Family history: Do you have blood relatives with any of the following?

Bleeding problems

Bad reaction to anesthesia (malignant hyperthermia)

Abnormal scarring i.e. keloids

If any of the above, please explain:

What nationality are you or your ancestors? (This occasionally may affect wound healing tendencies)

Do you have any other health related issues you would like to mention?