

# New Patient History Form

Irvine Plastic Surgery Center  
Donald Altman MD  
16300 Sand Canyon Ave., Suite 1011  
Irvine, California 92618

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR TODAY'S VISIT: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU BEEN SEEN IN THIS OFFICE BEFORE:  YES  NO

HAVE YOU SEEN ANY OTHER PHYSICIAN FOR THIS CONCERN?  YES  NO

DURATION OF THIS CONCERN? \_\_\_\_\_

PAST SURGERIES: \_\_\_\_\_

TO ASSIST US IN PROVIDING BETTER TREATMENT, HAVE YOU OR ARE YOU CURRENTLY SEEING A  
PSYCHOLOGIST, PSYCHIATRIST, OR COUNSELOR, OR HAS PSYCHOLOGICAL TREATMENT BEEN  
RECOMMENDED IN THE PAST: \_\_\_\_\_

\_\_\_\_\_

ILLNESSES (SERIOUS): \_\_\_\_\_

LIST OF MEDICATIONS YOU ARE PRESENTLY TAKING: \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY ALLERGIES TO MEDICATIONS?  YES  NO

IF YES, PLEASE LIST: \_\_\_\_\_

DO YOU SMOKE?  YES  NO IF YES, HOW MANY PACKS A DAY: \_\_\_\_\_

DO YOU DRINK?  NEVER  OCCASIONALLY  DAILY

OTHER FAMILY MEMBERS WHO ARE PATIENTS HERE: \_\_\_\_\_

\_\_\_\_\_

FOR WOMEN OF CHILD BEARING AGE, COULD YOU BE PREGNANT?  YES  NO

WHEN ARE YOU CONSIDERING HAVING THIS PROCEDURE(S)? \_\_\_\_\_