



The Plastic Surgery Experts

Mark Mandell-Brown, M.D.

Name: _____ Date: _____

PERTINENT MEDICAL HISTORY

PLEASE CHECK ALL THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Kidney/Liver Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Post Op Nausea/Vomiting |
| <input type="checkbox"/> Fever Blisters | <input type="checkbox"/> Prior Neck/Head Radiation |
| <input type="checkbox"/> Cancer (Specify Type) | <input type="checkbox"/> Prior Surgery |

- | | |
|---|--|
| <input type="checkbox"/> Deep Vein Thrombosis | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Drug Allergies: List | <input type="checkbox"/> Other History |

- | | |
|---|--|
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Current Medications |
| <input type="checkbox"/> Epilepsy | _____ |
| <input type="checkbox"/> Gout | _____ |
| <input type="checkbox"/> Heart Disease | _____ |
| <input type="checkbox"/> Heart Valve Problems | _____ |
| <input type="checkbox"/> Hepatitis | _____ |
| <input type="checkbox"/> High Cholesterol | _____ |
| <input type="checkbox"/> HIV Carrier | _____ |
| <input type="checkbox"/> None Apply | _____ |

Signature: _____

Mandell-Brown Plastic Surgery Center

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