

PLASTIC SURGERY SPECIALISTS, INC.
Huai C. Pan, M.D.

Name of Patient _____ Age _____

Referred by _____

Reason for seeing the doctor _____

Describe the history of the problem _____

Please answer EACH question YES or NO with no exception

Have you ever had

Heart disease _____ Chest disease _____

High Blood Pressure _____

Diabetes _____ Blood disease _____

Jaundice _____ Kidney disease _____

Glaucoma _____ Cancer _____

Hepatitis C _____ HIV/AIDS _____

Rheumatoid arthritis _____

Scleroderma _____

Auto-immune disorder _____

Have you recently had

A cold _____ A sore throat _____ The flu _____

Have you ever been treated for

Anemia _____ Do you bruise easily _____

Have you ever had a problem with:

Blood clots in legs _____

(Deep vein thrombosis)

Blood clots in lungs _____

(pulmonary embolism)

If yes, treated with blood thinners? _____

Have you ever had

Serious accident _____

Serious illness _____

Do you suffer from

Allergies _____ Hay fever _____

ALLERGIC to any medications?

Have you or any relative had a bad

reaction to general _____ or local _____ anesthesia

Have you ever taken any of the following

Aspirin _____ Water pills _____ Pain pills _____

Tranquilizers _____ Antihistamines _____

If so, when:

What medications are you currently taking?

Do you have any of the following habits?

Smoking _____ #per day _____ #yrs. _____

Alcohol _____ How often _____

Recreational drugs _____ How often _____

Please list all surgeries ever having done

and year _____

Have you ever consulted a professional for

Emotional problems? _____

When was your last complete medical exam?

Name of your medical doctor _____

Signature _____ **Date** _____

(Please sign that this information is complete and accurate to the best of your knowledge)

Dr. Pan is an investor in Butler County Medical Center. At times, Dr. Pan refers patients to Butler County Medical Center in connection with their care and treatment.