PINK Plastic Surgery

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Patient Name:_____

Medical History

Reason for Visit:

[ ] New Breast Cancer [ ]Breast Reconstruction. [ ] Benign Breast Disease
[ ] Cosmetic Consultation for _____ [ ] Abnormal skin lesion
[ ] Other _____

Medication Allergies & reaction (rash, shortness of breath, other):

[ ] Penicillin _____ [ ] Sulfa _____
[ ]other_____

Current Medications:

_____
_____
_____
_____

Medical History

[ ] Breast Cancer [ ]COPD [ ] asthma [ ]pulmonary edema
[ ] Heart attack [ ]High blood pressure [ ] High cholesterol [ ] cardiac stents
[ ] Radiation history [ ] Diabetes [ ] Kidney Disease [ ] Stroke
[ ] Other:_____
[ ] Last Menstrual Cycle _____

ALL Previous Surgeries & Year

_____
_____
_____

Have you ever smoked Tobacco or Marijuana: [ ] yes Year quit _____ [ ] no
Do you use CBD or THC (edibles, gummies, etc): [ ] yes [ ] no
How many alcoholic beverages a week: _____
Any Drug use previously: [ ] yes [ ] no

Family History of Cancer (relation/age at diagnosis/type of cancer)

_____
_____