DeFatta ENT
FACIAL PLASTIC SURGERY

Vitals (Medical Assistant will Complete)	
Ht	Temp
Wt	B/P
Resp	Pulse

Patient Name: _____
Birthdate: _____
Email: _____
Primary Doctor: _____

Medications You are Taking Now and Dose (if known)			
Name of Drug/Dose	Date Started	Name of Drug/Dose	Date Started
1.		5.	
2.		6.	
3.		7.	
4.		8.	
Drug Allergies & Reactions:			
Medical History:			
Surgical History:			
Family History:			

Current smoker or tobacco user? Yes No	Drink Caffeine? Yes No
History of smoking or tobacco use? Yes No	Drink Alcohol? Yes No
Any exposure to 2nd hand smoke? Yes No	Exercise Regularly? Yes No
Drug Use? Yes No What? _____	Lives in a Nursing Home? Yes No
Marital Status: Married Single Widowed Divorced	Work: Fulltime Part time Retired Unemployed

Circle all that currently apply:

Fatigue	Fever	Chills	Recent Weight Loss	Nausea
Vomiting	Sneezing	Frequently Sick	Eye Pain	Double Vision
Blurry Vision	Watery Eyes	Itchy Eyes	Ear Pain	**Hearing Loss**
Ringing in Ears	Ear Drainage	**Dizziness**	Nosebleeds	Nasal Discharge
Nasal Passage Blockage	Sinus Pain	Sore Throat	Neck Mass	Hoarseness
Chest Pain	Heart Palpitations	Difficulty Breathing	Wheezing	Cough
Coughing up Blood	Anorexia	Trouble/Pain Swallowing	Heartburn	Abdominal Pain
Blood in Feces	Excessive Thirst	Too Hot/Too Cold	Bleeding Problems	Clotting Problems
Lymph Node Enlargement	Neck Pain	Joint Pain	Back Pain	Persistent Itch
Moles/Discolored Spots	Skin Rash	Lightheadness	Headache	Tremors
Tingling	Numbness	Anxiety	Depression	**Daytime Sleepiness**
Insomnia				

Doctor Signature_____ _____Date_____

Doctor Signature________________ _______________________________Date___________________________