CHART #:

DRUG ALLERGIES: DATE:

ADULT ASSESSMENT

NAME AGE REF BY

CHIEF CONCERN(S):

PRIMARY CARE PHYSICIAN	(Last) PHYSICAL	(Last) CHEST X RAY	(Last) EKG

CURRENT MEDICATIONS: *(Include Vitamins & Herbal Supplements & Aspirin Type Compounds)*

FOOD, LATEX OR OTHER ALLERGIES:

MEDICAL PROBLEMS: *(Present or Past)*

LIST PREVIOUS NON COSMETIC SURGERIES: *(Including Teeth and Gums)*

LIST PREVIOUS COSMETIC SURGERIES: DATE PHYSICIAN

Any complications from previous surgery or reactions to anesthesia? Yes / No If Yes, Explain

Were you satisfied with the results of any previous cosmetic surgery? Yes / No If No, Explain

Could you possibly be pregnant? Yes / No Nursing? Yes / No Do you smoke? Yes / No How much?

Do you drink alcohol? Yes / No How much? Do you get fever blisters? Yes / No Date of last outbreak_____

Have you recently seen any other physician with regards to your present concerns? Yes / No

Are you presently under the care of a therapist or counselor? Yes / No History of dry eye? Yes/No Last ophthalmology exam_____

Have you any neurological problems such as *Bell's Palsy*, strokes, seizures, *Myasthenia Gravis* or any other musculoskeletal problems? Yes / No

If Yes, explain

Have you or any family members had any problems with:

☐ Bruising/Bleeding	☐ Heart Disease	☐ High/Low Blood Pressure	☐ Diabetes
☐ Nerve Problems	☐ Thyroid Problems	☐ Mental Illness/Depression	☐ Keloids
☐ Lung Problems	☐ Stroke	☐ Asthma	☐ Auto Immune Disease
☐ Lupus	☐ Female Organs	☐ Cancer	☐ Hepatitis

Have you had any of the following:	*Most Recent Date*		*Most Recent Date*
☐ Laser Skin Resurfacing	_____	☐ Laser Hair Removal	_____
☐ Collagen Injections	_____	☐ Botox	_____
☐ Non-Ablative Laser	_____	☐ Light/Medium Peel	_____
☐ Microdermabrasion	_____	☐ Silicone Injections	_____
☐ Other_____	_____	☐ Other _____	_____

PHYSICAL EXAM

NOSE

Alar Base	Septum	Mucosa
Turbinates	Polyps	Synechiae
Nasolabial Angle	Nasofrontal Angle	Skin Thickness
Cartilage Strength	Internal Nasal Valve	

EARS

Cartilage Strength	Symmetry

EYES	Right	Left		Right	Left
Steatoblepharon	Upper Lower	Upper Lower	Canthal Ligament	Upper Lower	Upper Lower
Ptosis			Scleral Show		
Lid Lag			Visual Acuity		

FACE

Bone Anatomy	Soft Tissue
Rhytids/Skin	Lesions

NECK

Chin Projection	Cervicomental Angle
Platysmal Bands	Rhytids
Adipose Deposits	

CT, MRI Findings

NOTES

RECOMMENDATIONS