



Luna Plastic Surgery

PATIENT MEDICAL HISTORY

PATIENT NAME: _____ AGE: _____ HEIGHT: _____
DOB: _____ WEIGHT: _____

Yes

- ☐ AIDS
- ☐ Anxiety
- ☐ Anemia
- ☐ Arthritis, Rheumatism
- ☐ Asthma
- ☐ Back Problems
- ☐ Cancer
- ☐ Carotid Artery Disease
- ☐ Chemical Dependency
- ☐ Chemotherapy
- ☐ Circulatory Problems
- ☐ Cortisone Treatments
- ☐ Clotting in Legs or Lungs
- ☐ Diabetes
- ☐ Depression
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Fainting or Dizziness
- ☐ Gastrointestinal Disease
- ☐ Glaucoma

Yes

- ☐ Head Injury
- ☐ Headaches
- ☐ Heart Problems or Disease
- ☐ Hepatitis – type:
- ☐ Herpes
- ☐ High Blood Pressure
- ☐ History of DVT
- ☐ HIV Positive
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Low Blood Pressure
- ☐ Lung Disease
- ☐ Lupus
- ☐ Massive Weight Loss/Gain
- ☐ Migraines
- ☐ Nervous Problems
- ☐ Neurological Disease
- ☐ Prostate Disorder
- ☐ Psychiatric Disorder or Care
- ☐ Radiation Treatment

Yes

- ☐ Respiratory Disease
- ☐ Scarlet Fever
- ☐ Scarring / Keloids
- ☐ Seizures / Convulsions
- ☐ Shortness of Breath
- ☐ Sinus Trouble
- ☐ Skin Rash
- ☐ Special Diet / Weight Loss
- ☐ Spinal Injury
- ☐ Stroke
- ☐ Swollen Feet or Ankles
- ☐ Swollen Neck Glands
- ☐ Temporal Arteritis
- ☐ Thyroid Disease
- ☐ Tonsilitis
- ☐ Tuberculosis
- ☐ Tumors or Growths
- ☐ Ulcers
- ☐ Valve Prolapse (Mitral)
- ☐ Venereal Disease

ADDITIONAL QUESTIONS

Yes No

- ☐ Do you drink? # per day
- ☐ Do you smoke? # per day
- ☐ Do you vape? ☐ Cannabis ☐ Nicotine

Yes No

- ☐ Do you use any edible cannabis or CBD products?
- ☐ Do you illicit drugs? If so which ones

Previous hospitalizations / surgeries

Other medical concerns / reason for visit

For Women only:

Are you pregnant? _____
Date of last menstrual cycle? _____
Number of Pregnancies? _____ Natural Births _____
C- Sections? _____ Miscarriages/Abortions _____
Are you on birth control? _____
If so what method? _____

Date of last Mammogram? _____
Have you had mammograms before? _____
Do you do self-breast exams? _____
Are you breast feeding? _____
History of current breast lumps? _____
Do you take hormone replacements? _____