

THOMAS R. VECCHIONE, M.D.
Plastic and Cosmetic Surgery Clinic
3399 First Ave. San Diego, CA 92103
619.297 4433

DATE _____

PATIENT NAME _____

<u>COMMENTS</u>	<u>NO</u>	<u>YES</u>	
1. Have you lost or gained weight in the Past two years?	___	___	_____
2. Have you ever had a problem, other than Nausea or vomiting, with anesthesia?	___	___	_____
3. Could you be pregnant?	___	___	_____
4. Do you smoke? How many packs/day? How long? Quit?	___	___	_____
5. Do you have a cough/ Cold/Asthma?	___	___	_____
6. Lung Disease/difficulty breathing/ Sleep Apnea	___	___	_____
7. Irregular Heart Beat/Heart Disease/ Heart Valve Disease/Mitral Valve Prolapse	___	___	_____
8. Have you ever been anemic?	___	___	_____
9. Do you have any bleeding tendencies?	___	___	_____
10. Heart Attack/Angina/Chest Pain/Fainting	___	___	_____
11. High Blood Pressure	___	___	_____
12. Frequent Headaches/Stroke Neurological Disease	___	___	_____

DATE _____

NAME _____

	<u>NO</u>	<u>YES</u>	<u>COMMENTS</u>
13. Nervous Disorder, Seizures	_____	_____	_____
14. Diabetes/Thyroid Disease	_____	_____	_____
15. Kidney Disease/Liver Disease	_____	_____	_____
16. Infectious Disease (Hepatitis, HIV, TB, etc)	_____	_____	_____
17. Heartburn, Gastritis, Esophageal Reflux, Ulcer, Hiatal Hernia	_____	_____	_____
18. Have you ever had eye problems	_____	_____	_____
19. Do you have an arm and/or leg that becomes numb and/or weak frequently?	_____	_____	_____
20. Do you have any physical disabilities?	_____	_____	_____
21. Do you have any chipped or loose teeth/dentures, caps	_____	_____	_____
22. Would you describe yourself as being extremely anxious about your pending surgery?	_____	_____	_____
23. Have you ever been under the care of a psychiatrist?	_____	_____	_____

IS THERE ANYTHING ELSE WE SHOULD KNOW?
