

Medical History

Date ____/____/____

Patient Name _____ Patient Date of Birth ____/____/____

Note: If you have already used our online Patient Portal, please start on page 3 at Social History.

Who Referred You? _____

Primary Care Physician (PCP) _____ PCP Phone _____

Past Medical History (Please circle all that apply); (B) = BMSC Only; (C) = CCPS only

Arthritis	Admit to psychiatric day hospital (C)	Easy bruising (C)	Lung cancer
COPD	Adrenal cortical hypofunction (C)	Elevated blood pressure	Cancer of prostate
Depression	Anxiety disorder	Epilepsy	Neuromuscular junction disorder (C)
Diabetes mellitus	Asthma	Functional vision loss (C)	Paralysis (C)
End-stage kidney disease	Atrial fibrillation	Gastroesophageal reflux disease	Pneumothorax (C)
H/O: Hypertension	Autoimmune disease (C)	Hearing loss	Pulmonary embolism (C)
HIV infection	Benign enlargement of prostate	Heart valve disorder (C)	Radiation therapy treat. mgmt.
High cholesterol	Bipolar disorder (C)	Hyperthyroidism	Rheumatoid arthritis (gout) (C)
Leukemia (B)	Blood coagulation disorder (C)	Hypothyroidism	Bone marrow transplant (B)
Lymphoma	Cerebral trauma (C)	Hepatitis	Thalassemia (C)
<u>Cancer of colon</u>	Stroke	Kidney disease (C)	Traumatic injury (C)
	Coronary heart disease	Lupus (C)	None
	Deep vein thrombosis (C)	Malignant hypertension (C)	
	Disease caused by 2019-nCoV	Breast cancer	

Other _____

Past Surgical History (Please circle all that apply) (B) = BMSC Only; (C) = CCPS only

<u>History of colectomy</u>	H/O: ... transluminal coronary angioplasty	Liver shunting operation
Abdominoperineal resection	H/O: tissue graft heart valve replacement	Prostate excision
Bilateral replacement of knee joints	H/O: removal of urinary bladder	Bilateral replacement of hip joints
Biopsy of breast	H/O: transurethral resection of prostate	Repair of femoral hernia (C)
Biopsy of prostate	Hysterectomy	Repair of umbilical hernia (C)
Classical cesarian section (C)	Kidney biopsy	Repair of ventral hernia (C)
Complete excision of lung (L / R) (C)	Laparoscopy (C)	Small intestine excision (C)
Coronary artery bypass graft	Laparotomy (C)	Splenectomy
Entire transplanted kidney	Lobectomy of lower lobe of lung (L / R) (C)	Surgical biopsy of skin
Excision of basal cell carcinoma	Lobectomy of upper lobe of lung (L / R) (C)	Total gastrectomy (C)
Excision of melanoma	Low anterior resection of rectum	Nephrectomy (kidney excision)
Excision of middle lobe of right lung (C)	Lumpectomy of breast (L / R)	Orchidectomy
Excision of squamous cell carcinoma	Mastectomy of breast (L / R)	Total replacement of hip joint (L / R)
Gastrostomy (C)	Mechanical heart valve replacement	Total replacement of knee joint (L / R)
History of (H/O:) spinal surgery (C)	Excision of ovary	Total resection of visible brain tumor (C)
H/O: colostomy	Operation on brain (C)	Heart transplant
H/O: tubal ligation	Excision of pancreas	Liver transplant
H/O: appendectomy	Percutaneous extraction of kidney stone with fragmentation	None
H/O: bilateral mastectomy		
H/O: cholecystectomy		
H/O: esophagectomy (C)		
H/O: liver excision		

Other _____

Bryn Mawr Office

919 Conestoga Road
Suites 2-105 / 2-106 / 2-306
Bryn Mawr, PA 19010

Newtown Square Office

3855 West Chester Pike
Suite 325
Newtown Square, PA 19073

Page 1 of 4

BMSC and CCPS Medical History - 2023.07.19

Administrative Office

919 Conestoga Road
Suite 2-307
Bryn Mawr, PA 19010

Plastic Surgery History (If you are seeing Dr. Gowen at CCPS, please circle all that apply)

Abdominoplasty	Internal fixation of bone of phalanges of hand	Reduction of blow-out fracture of orbital floor
Abdominoplasty and liposuction	Laser removal of hair	Reduction of fracture of facial bone
Augmentation of chin	Laser resurfacing of skin	Reduction of fracture of jaw
Breast augmentation	Breast reconstruction	Reduction of fracture of maxilla
Bilateral blepharoplasty of lower eyelids	Modification of cranioplasty	Release of trigger finger
Bilateral blepharoplasty of upper eyelids	Nasal septoplasty	Removal of implant
Browlift	Nipple reconstruction	Repair of abdominal wall
Burn care management	Open reduction of fracture with internal fixation	Repair of cleft lip
Cheek operation	Orthopedic hardware in situ	Repair of cleft palate
Chemical peel of skin	Osteotomy of maxilla	Repair of ear lobe
Body contouring	Plastic surgery	Repair of extensor tendon forearm, wrist, hand
Circumferential lipectomy	Pressure ulcer care management	Repair of flexor tendon forearm, wrist, hand
Correction of inverted nipples	Procedure on ganglion cyst	Repair of mallet finger
Decompression of ulnar nerve at elbow	Procedure on metacarpal bone	Revision of scar
Dermabrasion	Reconstruction of ear	Surgical procedure on soft tissue
Extensive blepharoplasty	Reconstruction of nose	Sutural craniectomy
Facial paralysis surgery	Reconstruction of zygoma	Thigh reduction
Face lift	Reconstruction of otoplasty of cartilage of ear	Transfer of tendon
Mastopexy	Reconstruction procedure	Wrist repair
Fracture of frontal sinus	Reconstruction with local flap	None
Grafting to skin	Breast reduction, bilateral	
Hair transplant		
H/O: carpal tunnel decompression		
Other _____		

Plastic Surgery History – Addition Sections (If you are seeing Dr. Gowen at CCPS, please circle all that apply)

Family History of Breast Cancer?	Yes	No
Family History of Malignant Hyperthermia and Anesthesia Sensitivity?	Yes	No
Herbal Medications and Supplements?	Yes	No

If Yes, please list: _____

Skin Disease History (Please circle all that apply)

<u>Acne</u>	Atypical nevus of skin	Pruritus of Scalp
Actinic keratosis	Eczema	Psoriasis
Asteatosis cutis	H/O: asthma	Squamous cell carcinoma
Basal cell carcinoma of skin	H/O: hay fever	Sunburn of second degree
Contact dermatitis due to poison ivy	Malignant melanoma	None

Other _____

Do you wear Sunscreen? Yes No **If yes, what SPF?** _____

Do you tan in a tanning salon? Yes No

Family History of Skin Cancer _____ Melanoma _____ Squamous Cell _____ Basal Cell _____ None

If yes, which relative(s)? _____

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Date ____/____/____

Patient Name _____ Patient Date of Birth ____/____/____

CURRENT MEDICATIONS: Dosage, Frequency and Route (include vitamins, herbal and over-the-counter products)

MEDICATION	DOSE (mg, mL, puff, cc, patch, etc)	Frequency (once a day, twice a day, as needed)	ROUTE (by mouth, on skin, in eye, etc)
<i>Example: Aspirin</i>	<i>81mg</i>	<i>Daily</i>	<i>By Mouth</i>

PLEASE CONTINUE MEDICATION LIST ON A SECOND SHEET, IF NEEDED

Preferred Pharmacy _____ Phone (____) _____

Pharmacy Address _____
_____Allergies (Please enter all allergies) _____
_____**Social History** (Please check all that apply)

Tobacco Use ☐ Never Smoked ☐ Quit: Former Smoker ☐ Smoke less than daily ☐ Smoke Daily

Alcohol Use ☐ None ☐ Less than 1 drink daily ☐ 1-2 drinks per day ☐ 3 or more daily

Drug Use ☐ Yes ☐ No ☐ Prefer not to answer

History of high blood pressure in your family? Yes No (Please circle Yes or No)

If Yes, who? _____

Are you pregnant or nursing? Yes No Other

Do you have a living will? Yes No

If Yes, who is your Healthcare Proxy? _____

Did you receive the COVID-19 vaccine? Yes No
 ____ Moderna ____ Pfizer ____ Johnson & Johnson How many doses did you receive? ____

Did you receive a Flu vaccine this year? Yes No Other

Did you receive a Pneumonia vaccine? Yes No Other

Did you receive a Shingles vaccine? Yes No Other

Review of Systems: Are you currently experiencing any Symptoms? (Please circle Yes or No)

• Problems with bleeding	Yes	No
• Problems with healing	Yes	No
• Problems with scarring	Yes	No
• Immunosuppression	Yes	No
• GI upset with antibiotics	Yes	No
• Thyroid problems	Yes	No

Other Symptoms: _____

Alerts: Are you currently experiencing any of the following? (Please circle Yes or No)

• History of melanoma (if yes, where?)	Yes	No
• Family history of melanoma (if yes, who)?	Yes	No
• History of fainting / vasovagal episode	Yes	No
• History of breast cancer	Yes	No
• Family history of breast cancer (if yes, who)?	Yes	No
• Allergy to adhesive	Yes	No
• Allergy to betadine/ shellfish	Yes	No
• Allergy to latex	Yes	No
• Allergy to lidocaine	Yes	No
• Allergy to topical antibiotic ointments	Yes	No
• Artificial heart valve	Yes	No
• Artificial joints within past 2 years	Yes	No
• Blood thinners	Yes	No
• Defibrillator	Yes	No
• Hepatitis C	Yes	No
• HIV / AIDs	Yes	No
• MRSA (methicillin resistant staph aureus)	Yes	No
• Pacemaker	Yes	No
• Pregnancy or planning a pregnancy	Yes	No
• Premedication prior to procedures	Yes	No
• Rapid heartbeat with epinephrine	Yes	No