

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)

- | | | | |
|--------------------------|-----------------------------------|---------------------------------|---------------------------------|
| None | Admit to psychiatric day hospital | Adverse anesthesia outcome | Breast cancer |
| Arthritis | Adrenal cortical hypofunction | Easy bruising | Lung cancer |
| COPD | Anxiety disorder | Elevated blood pressure | Cancer of prostate |
| Depression | Asthma | Epilepsy | Neuromuscular junction disorder |
| Diabetes mellitus | Atrial fibrillation | Functional vision loss | Paralysis |
| End-stage kidney disease | Autoimmune disease | Gastroesophageal reflux disease | Pneumothorax |
| Hypertension | Benign enlargement of prostate | Hearing loss | Pregnant |
| HIV infection | Bipolar disorder | Heart valve disorder | Pulmonary embolism |
| High cholesterol | Blood coagulation disorder | Hyperthyroidism | Radiation therapy treat. mgmt. |
| Leukemia | Breastfeeding | Hypothyroidism | Rheumatoid arthritis (gout) |
| Lymphoma | Cerebral trauma | Hepatitis | Seizure |
| Cancer of colon | Stroke | Kidney disease | Substance abuse |
| Sleep apnea | Coronary heart disease | Lupus | Thalassemia |
| | Deep vein thrombosis | Transplant | Traumatic injury |
- Other _____

Past Surgical History (Please circle all that apply)

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

Bryn Mawr Skin & Cancer Institute
Medical Dermatology

Cirillo Cosmetic Dermatology Spa
Cosmetic Dermatology

Cirillo Center for Plastic Surgery
Plastic Surgery

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

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

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)

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

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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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

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

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