

Oculofacial Plastic & Reconstructive Surgery: New Patient Initial Visit Form

What is the reason for your visit? What do you hope I can do for you?

What has been done for this problem (any treatment, medications or surgery)?

Do you have any other eye problems, now or in the past? Do you take any eye medications? Have you had eyelid, facial, or cosmetic surgery in the past?

What other medical problems do you have or have had (such as high blood pressure, heart disease, diabetes)?

What surgeries have you had?

What medications are you are taking, both prescription and over the counter?

Are you allergic to any medications?

Have you ever had a problem with an anesthetic?

What kind of work do you do?

Do you smoke? Did you smoke? How much and for how long?

Do you drink alcohol? How much? Everyday?