

Surgery/Hospitalization	Date	Anesthesia Complications	Notes

Have you ever had:

- a blood transfusion? Yes Details: _____ • Botox injections? Yes Details: _____
- a plasma transfusion? Yes Details: _____ • Fillers (Juvederm, Yes Details: _____
Restylane, other)?

Family History: (Father, Mother, Brother, Sister, Son, Daughter, Grandparent, Aunt, Uncle)

Please specify which cancer or disorder

	Yes	Afflicted Family Member	Notes
Adopted or Unknown			
Abnormal Bleeding			
Abnormal Clotting			
Acne			
Alzheimer's			
Anesthesia Problems			
Autoimmune Disorders			
Brain Tumor			
Breast Cancer			
Collagen/Elastic Disorders			
Cutis Laxa			
Diabetes			
Drug Allergies			
Eczema			
Endocrine Disease			
Hearing Loss			
Heart Attack			
Heart Disease			
Hemophilia			
High Blood Pressure			
Internal Cancer			
Kidney Disease			
Liver Disease			
Lung Cancer			
Lupus			
Pseudoxanthoma Elasticum			
Psoriasis			
Scleroderma			
Skin Cancer (Squamous Cell Carcinoma, Basal Cell Carcinoma, Melanoma)			
Skin Disease			
Substance Abuse			

