ARY KRAU, M.D.

BOARD CERTIFIED/ PLASTIC AND RECONSTRUCTIVE SURGERY

NAME OF PATIENT_____ **DATE**_____

DATE OF BIRTH _____ **AGE** _____ **SEX M / F** **MARRIED / SINGLE / SEP. / DIV. / WID.**

ADDRESS _____
(PERMANENT) **APT#** **CITY, STATE** **ZIP CODE**

_____
(LOCAL) **APT#** **CITY, STATE** **ZIP CODE**

CELL PHONE_____ **SOCIAL SECURITY NO.** _____

REFERRED BY_____ **YOUR E-MAIL ADDRESS**_____

OCUPATION_____ **EMPLOYED BY**_____

EMPLOYER'S ADDRESS_____ **BUSINESS PHONE** _____

IF A PATIENT IS A MINOR, WHO IS LEGALLY RESPONSIBLE _____

YES OR NO NEXT TO EACH OF THE FOLLOWING QUESTIONS

1 - Have ever suffered from:
Heart disease□ High Blood Pressure□
Chest Disease□ Recent sore throat□ Cold or Flu□
Do you have a cough□ Have you suffered from Bronchitis□ Asthma□ Have you had a recent Chest x-ray or Electrocardiogram□

2 - Do you suffer from: Allergies or High Fever□

3 - Have you ever had: □ □
Diabetes Blood Diseases Kidney Disease□ □ □
Jaundice Glaucoma Cancer□

4 - Have you ever been treated for:
Anemia or Do You Bruise easily

5 - Have you had any serious illness or accidents
_____
_____
_____

6 - Are you Allergic to any medication, if so, which Drugs: _____
_____
_____

7 - Have you had any problems with Bleeding: _____

8 - Have you or any relative had a bad reaction from General or Local Anesthetic _____

9 - Have you taken any of the following drugs:
Aspirin□ Tranquilizers□ Water Pills□ Blood Pressure Pills□ Pain Pills□ Antihistamines□
If so, when: _____

10 - Do you have any of the following habits
Smoking: frequency _____
Alcoholic beverages: frequency _____
Recreational Drugs: frequency _____

11 - Have you had any previous surgery including plastic surgery: (What Kind/ When/ Where)
_____
_____
_____
_____
_____
_____

12 - Have you ever consulted a professional for Emotional problems: _____□

13 - What medications are you presently taking:
_____
_____
_____

14 - When was the last time you had a complete Medical examination_____

15 - Name of personal physician: _____

16. REASON FOR SEEING DR. KRAU:

_____