

J. Gregory Kjar, M.D.

Premier Plastic Surgery Group of Utah, LLC

415 South Medical Dr. Suite #B-200

Bountiful, UT 84010 801-295-9105

Medical History Sheet

PATIENT'S NAME:		DATE:	
EDUCATION: (please circle last grade completed) Elementary: 5 6 7 8 High school: 9 10 11 12 College: 1 2 3 4			
Degrees earned:			
Height:	Weight:	Alcohol use:	How much:
Tobacco use:	How much:	Do you use drugs not prescribed or illegal? ' Yes ' No	

ALLERGIES: Are you allergic to any pills, drugs, or medicines?

MEDICAL ILLNESSES: Have you had any serious illnesses involving any of the following systems (check if YES):

' Brain ' Nose ' Heart ' Bleeding problems ' Extremities
 ' Eyes ' Breasts ' Abdomen ' Reproduction ' Endocrine (including diabetes)
 ' Ears ' Lungs ' Urinary ' Nervous ' Other:

If checked or other, please explain:

MEDICATIONS: Please list all medications you are now taking (including birth control pills, diuretics (water Pills), blood pressure or heart medications, tranquilizers, hormones, steroid medications, cortisone, blood thinners, aspirin, bufferin, etc.)

PREVIOUS SURGERIES (please list-use back of sheet if more space needed):

Operation	Year	Complication, if any

SERIOUS INJURIES: Date(s):

Motor vehicle _____ Pedestrian _____ Animal bite _____ At Work _____ Other _____

MATERNAL HISTORY:

Have you ever been pregnant? ' Yes ' No If yes, how many times: _____ How many children do you have? _____

Date of last menstrual period: _____

FAMILY HISTORY: Have any close relatives had any of the following serious illnesses?

' Yes ' No Cancer ' Yes ' No High Blood pressure Other:
 ' Yes ' No Congenital deformities ' Yes ' No Mental illness
 ' Yes ' No Diabetes ' Yes ' No Stroke
 ' Yes ' No Epilepsy ' Yes ' No Suicide
 ' Yes ' No Heart trouble ' Yes ' No Tuberculosis

GENERAL QUESTIONS:

' Yes ' No Have you ever had a reaction to a GENERAL anesthetic?
 ' Yes ' No Have you ever had a reaction to a LOCAL anesthetic? (Ex:Novocaine,etc.)
 ' Yes ' No Do you have high blood pressure?
 ' Yes ' No Do you form heavy scars?
 ' Yes ' No Do you have frequent infections or boils?
 ' Yes ' No Have you ever had any excessive bleeding problems?
 ' Yes ' No Have you ever had any significant emotional problems?
 ' Yes ' No Have you seen other plastic surgeons about the SAME problem ?