FORSYTH PLASTIC SURGERY

INTAKE FORM

Date: _____

Thank you for visiting Forsyth Plastic Surgery. Please complete the following questionnaire to the best of your knowledge. Doing this as completely as possible will help your physicians care for you.

Name: _____ Age: _____

Which doctor are you seeing today? (circle one): Dr. Schneider Dr. Kingman Dr. Lawson Dr. Branch

Reason for visit today: _____

How did you hear about us? (circle one): Social Media Google Friend/Family TV Radio Email Newsletter Print Ad

Last: Weight _____ Height _____ Your Pharmacy (specify location): _____

Ethnicity: _____ Primary language spoken: _____

Referring Physician: _____

Primary Care Physician: _____

Please list all allergies (medication, food, latex, etc.) and your reactions: _____

_____

Current Medications, Including Dose and Frequency (List):

_____ _____ _____

_____ _____ _____

_____ _____ _____

Medical History (circle all that apply):

Anemia	Carpal Tunnel	Heart Disease	Osteoporosis
Anxiety / Depression	Connective Tissue Disorder	Hepatitis	Pulmonary Disease
Arthritis	COPD	High Cholesterol	Skin Cancer
Asthma	Dental Problems	HIV/AIDS	Sleep Apnea
Autoimmune Disease	Diabetes	Hypertension	Stroke
Blood Clots (DVT/PE)	Diverticulitis	Kidney Disease	Thyroid Disease
Body Dysmorphic Disorder	Dry Eyes	Liver Disease	Vascular Disease
Bone or Joint Disease	Fibromyalgia	Mental Illness	Venous Stasis/Leg Ulcers
Breast Cancer	GERD/Reflux	Metal Implants	Wounds
Breast Disease	GI Disease	Musculoskeletal Disorder	
Cancer	Glaucoma	Neurologic Disorder	

Anesthesia Concerns: _____

Please list any surgical procedures, including date if known:

_____

_____

_____

_____

_____

Please list your family medical history and include relation to you:

Inherited Diseases: _____

Diabetes: _____

Blood Clotting Disorders: _____

Problems with Anesthesia: _____

Heart Disease: _____

Lung Disease: _____

Breast Cancer: _____

All other Cancers (please specify type): _____

Social History:

Occupation: _____ Marital Status: _____

Gender Identity: _____ Who lives with you at home? _____

Do you smoke, vape, or use any products that contain nicotine or tobacco? _____

If yes, how much per day? _____ For how long? _____

Do you drink alcohol? (circle one): Yes / No If yes, how much per day? _____

Do you take any illicit drugs? _____

Is your visit related to a work-related injury? _____

Please circle below any specialists that you see:

Cardiology Endocrinology Neurology Pulmonologist Pain Management

Other: _____

FOR OUR FEMALE PATIENTS

Date of Last Mammogram: _____ Date of Last Menstruation: _____

Bra Size: _____ No. of Pregnancies: _____

Please circle if you have any current symptoms or problems with the following:

General Health:	Fevers	Chills	Fatigue	Weight Change	
Head and Neck:	Dry Eyes	Visual Changes	Blurred Vision	Eye Irritation	Difficulty Hearing
	Ear Pain	Nosebleeds	Nose/Sinus Problems	Sore Throat	Bleeding Gums
	Snoring	Dry Mouth	Mouth Ulcers	Teeth Problems	
Cardiovascular:	Chest Pains	Shortness of Breath	Palpitations		
Respiratory:	Wheezing	Coughing	Difficulty Breathing	Sleep Apnea	
Gastrointestinal:	Abdominal Pain	Nausea	Vomiting	Diarrhea	Change in Appetite
	Blood in Stool	Dark Tarry Stool or Blood			
Genitourinary:	Incontinence	Difficulty Urinating	Blood in Urine	Urinary Frequency	
Musculoskeletal:	Muscle Aches	Muscle Weakness	Arthritis/Joint Pain	Back Pain	Swelling in Extremities
Skin:	Abnormal Mole	Abnormal Lesion	Jaundice	Rash	Infection
Neurologic:	Loss of Consciousness	Weakness	Numbness	Seizures	Dizziness
	Headaches				
Psychiatric:	Depression	Sleep Disturbances	Alcohol or Drug Abuse		
Endocrine:	Increased Thirst	Hair Loss	Increased Hair Growth	Heat Intolerance	Cold Intolerance
Hematologic:	Swollen Glands	Easy Bruising	Excessive Bleeding		

Thank you for helping us obtain a complete history. Per our policy, all of your medical history will be kept completely confidential.

FORSYTH PLASTIC SURGERY

Drs. Schneider, Kingman, Lawson, & Branch

Kim Smith, Office Manager

2901 Maplewood Avenue, Winston-Salem, NC 27103 | 336-765-8620 | www.forsythplasticsurgery.com