

Shore Aesthetic & Reconstructive Associates

Roger A. Orsini, MD
505 Dutchmans Lane
Easton, MD 21601
410-822-7703

Medical History

Patient Name _____ Today's Date _____

Reason for today's visit _____

Do you now or have you ever had: (please check those that apply)

Lungs
 Bronchitis Emphysema Asthma Chronic Cough Morning Cough

Vascular
 High Blood Pressure Chest Pain Heart Attack Irregular Heartbeat Heart Murmur

Other Systemic
 Diabetes Thyroid Problems Kidney Problems Bladder Problems Stomach Problems
 Bowel Problems Hepatitis A/B/C Glaucoma Arthritis/Joint Problems Other

Current Medications

Do you have any allergies to food or medicine? N Y List: _____
Do you currently use any prophylactic antibiotics? N Y List: _____
Do you drink alcohol? N Y List: _____
Do you currently use IV drugs? N Y List: _____
Do you currently take any medications? N Y List: _____
Have you ever been exposed to HIV/AIDS? N Y Have you ever had a blood transfusion? N Y
Have you ever had dental anesthesia (Novocaine)? N Y Any adverse reaction? N Y
Are you latex intolerant? N Y

Skin

Have you ever had skin cancer? N Y List: _____
Family history of skin cancer? N Y List: _____
Relationship _____ Relationship _____
Do you currently use skin care products? N Y List: _____
When in the sun do you: Tan Burn Burn & Tan
List any other disease, condition or surgery you have had: _____

Do you smoke? N Y Do you bleed easily? N Y
Are you pregnant? N Y Any artificial joints/screws? N Y List _____
What is your occupation? _____

Completed by Patient Parent Nurse Date _____

Signed by Physician _____ Date _____

Preferred Pharmacy _____ Phone _____

Reviewed by: _____
Date _____