SARATOGA SPRINGS PLASTIC SURGERY, PC
Making you look and feel special
7 Wells Street , Suite 303, Saratoga Springs, NY 12866
Phone: (518) 583-4019 Fax: (518) 583-3350
www.yarinsky.com

MEDICAL INFORMATION

Please bring on appointment date - Please print

Patient Number_____ Today's Date:_____

Name:_____ Occupation:_____
Birthdate:_____Social Security No._____
Gender: Male_____ Female_____ Other_____
Employer:_____ Employer Address:_____
Employer Phone:_____ _____

For your benefit it is necessary that you answer these questions as accurately as possible so that we can determine your physical condition before undergoing surgery.

Primary Care Physician Name:_____

1. DO YOU HAVE:	YES	NO
Heart disease	___	___
High blood pressure	___	___
Diabetes	___	___
Epilepsy	___	___
Thyroid disease	___	___
Asthma	___	___

2. HAVE YOU EVER HAD:	YES	NO
Rheumatic fever	___	___

3. DO YOU HAVE:	YES	NO
Shortness of breath	___	___
Dizzy spells	___	___
Swelling of ankles	___	___
Chest pain	___	___
Prolonged bleeding	___	___
Jaundice	___	___
Bruise easily	___	___
History of herpes/ cold sores	___	___
MRSA (staph infection)	___	___

4. DO YOU TAKE:	YES	NO
Blood thinner meds	___	___
Heart medication	___	___
High blood pressure meds	___	___
Diuretic (water pill)	___	___
Aspirin	___	___
Diet pills	___	___

5. DO YOU TAKE OR HAVE YOU EVER TAKEN STEROIDS (CORTISONE, ETC):	YES	NO
	___	___

6. ARE YOU ALLERGIC TO:	YES	NO
Penicillin	___	___
Local anesthetic	___	___
Other drugs (please list)_____		

7. LIST OPERATIONS YOU HAVE HAD AND ANY COMPLICATIONS:
_____Date_____
_____Date_____
_____Date_____
_____Date_____

8. LIST MEDICATIONS YOU TAKE:
(include dosage)
_____
_____
_____
_____

9. PLEASE LIST ANY UNUSUAL MEDICAL PROBLEMS:
_____
_____
_____
_____

10. NUMBER OF PREGNANCIES _____
Children – Age Sex

11. DO YOU SMOKE?
YES NO
___ ___ Number of packs per day _____

12. DO YOU DRINK ALCOHOL
YES NO
___ ___ Socially___ Monthly___ Weekly___ Daily___

13. HEIGHT _____ WEIGHT _____

14. DO YOU FEEL SAFE IN YOUR HOME ENVIRONMENT?
YES NO
___ ___

Please be advised that completing preliminary health and insurance questionnaires does not establish a physician-patient relationship with this practice. Dr. Steven Yarinsky will review your health history and conduct an initial evaluation to determine whether you are a suitable candidate and whether the practice will accept you as a patient