ABLAVSKY
PLASTIC SURGERY

Patient Information

Date _____

Patient Name _____ Date of Birth _____

Address _____ Social Security # _____

City _____ State _____ Zip _____ Gender [ ] Female [ ] Male [ ] MTF [ ] FTM

Marital Status [ ] Single [ ] Married [ ] Divorced [ ] Widowed [ ] Other

Name of Spouse _____ Consent to speak with spouse _____

Contact Information & Privacy Instructions:

	OK to phone	OK to leave messages	OK to send text messages, data rates may apply
Cell Phone (____) _____	[ ]	[ ]	[ ]
Work Phone (____) _____	[ ]	[ ]	

Email _____

[ ] Yes [ ] No Can a message be left with Ablavsky Plastic Surgery name and what the call is in reference to?

[ ] Yes [ ] No Is there anyone you would like to authorize to schedule, confirm or change appointments?

Name _____ Relation _____

How did you hear about us? (*please be specific*) _____

(Internet search, newspaper ad/ flier, patient referral, etc.)

Your Occupation _____ **Employer** _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ **Relation** _____ **Phone** _____

Pharmacy: _____ **Address**: _____ **Phone**: _____

Reason for today's surgical consultation:

[ ] Arm Lift [ ] Botox/ Juvederm [ ] Breast Aug [ ] Breast Lift [ ] Breast Reduction, current bra size _____, desired bra size _____

[ ] Remove / Replace Implants [ ] Face lift [ ] Neck lift [ ] Eyelid Lift [ ] Explant [ ] Lip Enhancement [ ] Rhinoplasty [ ] Otoplasty

[ ] Tummy Tuck [ ] Thigh Lift [ ] Gluteal Lift [ ] Other _____

[ ] Liposuction (specify areas) _____

I, _____, represent to the physician and staff that I am 18 years of age or older. If not, I am accompanied by a legal guardian. I hereby consent to and authorize examination and treatment by my doctor or accredited medical personnel Dr. Ablavsky may assign.
I have been provided a copy of Ablavsky Plastic Surgery's Notice of Privacy Practices. I understand my rights as a patient under the HIPAA Act. I understand my rights to access and control my health information. I understand that I may be contacted by employees of Ablavsky Plastic Surgery to remind me of appointments, healthcare treatment options, or other health service issues. I have selected and given permission for the contact options checked above.

Patient Signature _____ Date _____

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Medical History

Patient Name _____ Date _____

Age _____ Height _____ Weight _____ lbs. Temp _____

Allergies _____

Have you ever had a problem or reaction with any of the following?
[ ] Local Anesthetics [ ] Adhesive Tape [ ] Antibiotics [ ] Pain Killers [ ] Iodine [ ] Latex

Medications Name of Medication Dosage Frequency

_____
_____
_____

Have you taken any of the following in the last 6 months?
[ ] Steroids [ ] Aspirin/ Advil [ ] Blood Thinners [ ] High Blood Pressure

Tobacco History [ ] Cigarettes [ ] Cigar [ ] Pipe [ ] Chew [ ] Vape # of Years using _____ Packs/ day _____ Year Quit _____

Have you had any of the following medical conditions in the past 5 years? (Please check all that apply)

[ ] Diabetes	[ ] Heart Trouble	[ ] Chest Pain	[ ] Rheumatic Fever	[ ] Nervous Breakdown	[ ] AIDS/ HIV
[ ] Angina	[ ] Stroke	[ ] Asthma	[ ] Depression	[ ] High Blood Pressure	[ ] Hepatitis
[ ] Liver Disease	[ ] Jaundice	[ ] Kidney Disease	[ ] Tuberculosis	[ ] Blood Transfusion	[ ] Psychiatric Care
[ ] Epilepsy	[ ] Anxiety	[ ] Emphysema	[ ] Black Stools	[ ] Blood in Urine	[ ] Back Pain
[ ] Cancer (list type) _____					[ ] Intertrigo (Rashes)

Medical History Are there any other medical conditions or medical history not listed above? (Please explain) _____

_____
_____

Have you or a family member had a reaction to anesthesia? [ ] Yes [ ] No
Have you or a family member had abnormal bleeding from surgery? [ ] Yes [ ] No

Surgical History: Year Type of Surgery _____

_____
_____

Hospitalizations: Year Reason for Hospitalization _____

_____
_____

Family Physician _____ **Date of last check up** _____

For Women Only **Date of your last period** _____ **Date of last mammogram** _____

Are you pregnant? [ ] Yes [ ] No # of Children _____ # of Births _____

Family history of breast cancer? [ ] Yes [ ] No

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FMLA and Short- Term Disability Forms Policy

Should you schedule surgery, and your employer requires you to complete FMLA or Short-Term Disability forms, for your post-surgery recovery time. Ablavsky Plastic Surgery FMLA and Short-Term Disability Forms Policy, there is a $50 fee to complete FMLA and Short-Term Disability forms. Fee is due at the time of FMLA or Short-Term Disability completion. The FMLA or Short-Term Disability forms will be returned to the patient to submit to your employer. Ablavsky Plastic Surgery is not responsible for submitting FMLA or Short-Term Disability forms to your employer. This is to ensure that the patient can back track when the FMLA or Short-Term Disability was submitted and to not delay your pay period with your employer.

_____ _____

Patient Signature Date