ARTISTIC PLASTIC SURGERY CENTER, PLLC
Khash A. Dehghan, MD, PhD, FACS
3515 South 15th Street, Suite 101
Tacoma, Washington 98405
Telephone: (253) 756-0933 Facsimile: (253) 759-6553
www.artisticplasticsurgery.com

MEDICAL RECORD

Patient Name _____DOB _____ Age _____

Referred By _____ Primary Doctor _____

Has this office ever treated you or a family member before? ____yes ____no
If yes, please list the name of the person and their relationship to you:_____
What brings you to our office? _____

_____

When did this problem start? _____

Have you consulted another physician for this or other related problems? ____ yes ____no

PAST MEDICAL HISTORY

General Health: Excellent ____ Good ____ Fair ____ Poor ____
Please describe any current health problems: _____

_____

Height: _____ Weight: _____ Weight Loss/Gain in Past Year? _____
Date of Last Medical Exam _____ _____ By Doctor: _____
EKG? ____Yes ____ No Chest X-Ray: ____ Yes ____ No Lab Work: ____ Yes ____ No
Please list all medications you are presently taking and the dose:
Name:_____ Dose/Frequency:_____
Name:_____ Dose/Frequency:_____
Name:_____ Dose/Frequency:_____

List all medications you are **ALLERGIC** and please give the REACTIONS to each medication.
_____
_____
Previous Surgeries: ____yes ____no
Type: _____ Date: _____
Type: _____ Date: _____
Type: _____ Date: _____
Any complications following surgery: ____yes ____no If yes, please explain: _____
_____
Have you or a family member ever had complications with Local or General Anesthesia? ____yes ____no
If yes, please explain: _____
Please list any prior Injuries:

Type: _____ Date: _____

Type: _____ Date: _____

Other hospitalizations not shown above:

Cause: _____ Date: _____

Cause: _____ Date: _____