



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

SOCIAL HISTORY

Single ___ Married ___ Divorced ___ Widowed ___ Other ___
 Living with: Spouse ___ Parents ___ Friend ___ Alone ___ Other ___
 Who will be your caregiver after surgery? _____
 Current Occupation _____ Employer _____
 What is the following daily consumption of the following:
 Coffee _____ Alcohol _____ Tobacco _____ Mind Altering Drugs _____

FAMILY MEDICAL HISTORY

Has a family ever had the problem for which you are now coming to this office? _____
 If yes, please explain: _____

Has a family member had any of the following:

Tuberculosis..... Yes	No	High Blood Pressure	Yes	No
Cancer..... Yes	No	Kidney Disease	Yes	No
Diabetes.....Yes	No	Blood/Bleeding Problems.....	Yes	No
Epilepsy	Yes	Asthma/Lung Disease.....	Yes	No
Heart Disease	Yes	Collagen/Vascular Disease...	Yes	No
Sclera Derma	Yes	Rheumatoid Arthritis	Yes	No

Do you have symptoms of:

Fever, weight loss or fatigue? Yes No Rheumatic FeverYes No
 Glaucoma or other eye problems?.....Yes No Skin problems?Yes No
 Ear, hearing or balance problems?Yes No Cancer? Yes No
 Nose or sinus problems? Yes No Problems with breasts Yes No
 Difficulty swallowing? Yes No
 Heart problems/chest pain/heart attack/palpitations/irregular heartbeats Yes No
 High or low blood pressure? Yes No
 Breathing Problems, Asthma, Lung Disease? Yes No
 Problems with reproductive system? Yes No
 Problems with ones, muscles or joints? Yes No
 Neurological Problems (stroke, numbness, weakness, dizziness, frequent headaches)? Yes No
 Have you ever been treated for emotional problems?Yes No
 Diabetes, hypoglycemia, thyroid disease or endocrine problems? Yes No
 Do you bruise easily or take longer than normal to stop bleeding?Yes No
 Rheumatoid or other arthritis ?.....Yes No
 Collagen Vascular Disease, Lupus or Scera Derma?Yes No
 Swelling of the lymph nodes or abnormal blood problems?Yes No
 Do you take a long time to heal?..... Yes No
 Could you possibly have an Infectious Disease?Yes No
 Do you take aspirin containing products?..... Yes No
 Does your religion prohibit Blood Transfusions?Yes No
 Your dominant hand is Right ___ Left ___ Both ___

I certify that the above is true, correct and complete. I am aware and accept that withholding information about my medical history could result in serious injury to me or harm to those involved in my care.

Sign _____ Witness _____