

## Medical Questionnaire



**Client Privacy Number:**

MR20050921DOE

<b>Desired procedure(s):</b>	<b>1</b>	Total Left Knee Replacement
	<b>2</b>	Neck Lift
	<b>3</b>	Upper & Lower Eyelids
	<b>4</b>	Liposuction Inner Thighs
	<b>5</b>	Liposuction Upper Abdomen

Physical Information	Your Answers
Gender?	Female
Date of birth?	January 2, 1944
Height?	5 feet 9 inches
Weight?	195

Emergency Contact Information	Your Answers
Name?	John Doe
Daytime phone number?	847-666-5235
Evening phone number?	Same
Email address?	<a href="mailto:webmaster@medretreat.com">webmaster@medretreat.com</a>

Physician Information	Your Answers
Name?	Dean Sullivan, M. D.
Address?	2000 Laurel Valley Drive, Vernon Hills, IL 60061 USA
Phone number?	847-666-5235
Email address?	<a href="mailto:customerservice@medretreat.com">customerservice@medretreat.com</a>

Medical History / Information	Your Answers
Do you have high blood pressure?	No
What is your blood pressure?	Last year 132/90
Date of last measure of your blood pressure?	When I had surgery last year
Have you ever had surgery before?	Yes
If yes, what type?	Tonsils, appendix, mole removed and skin graft, Broken ankle with screws, broken finger with stainless steel ring, arthroscopic surgery right knee 2000, right knee Replacement September 2004.
Any complications?	No

Please type "Yes" or "No" for the following:	Your Answers
AIDS or HIV positive?	No
Anemia?	No
Arthritis?	Yes
Asthma?	No
Back problems?	Not recently
Blood clots?	No
Blood disorders?	No
Bleeding problems?	No
Breathing problems?	No
Cancer?	A minor skin cancer or two. The melanotic mole was in 1977. Recurrence.
Chest pains?	Not since I quit Viox and Alleve
Colitis?	No
Depression?	No
Diabetes?	No
Ear problems?	No
Eye problems?	Myopia
Epilepsy?	No
Heart problems?	No
Heart murmur?	No
Hepatitis?	No
High blood pressure?	No
Irregular heart beat?	No
Kidney problems?	No
Migraine headaches?	No
Nervous breakdown?	No
Nose/throat problems?	No
Osteoporosis?	Not yet
Pneumonia?	No
Psychiatric condition?	No
Rheumatic fever?	No
Seizures?	No
Shortness of breath?	No
Skin cancer?	Borderline melanotic mole—1977
Stomach problems?	Yes, peptic disease diagnosed —1978
Stroke?	No
Thyroid problems?	Don't know
Tuberculosis?	No
Transfusion?	No

Are you pregnant?	No
Have you ever smoked?	No
Do you currently smoke?	No
If yes, how many years?	
If yes, how many cigarettes/day?	
<b>Medication</b>	<b>Your Answers</b>
Are you allergic to any medication?	Asprin/Alleve—bad stomach reactions
If yes, give the name of the medication?	
If yes, describe the allergic reaction?	Thought I might be having a heart episode of some kind. Dr. Nichols ordered a Stress test. No positive reaction on heart. I decided to quit taking Vioxc on my own after that. Then I tried Alleve. That put me at the emergency room. Emergency room eliminated heart—settled for acid reflux with Alleve
Are you currently on medication?	Yes—Celebrex, but the prescription expires July 2005 And I have not made arrangements to renew it. I don't think I will need it after
If so, which medications?	
Have you ever had problems with anesthesia?	No
Please describe any other issues that may need attention	

This form assists our surgeon in the evaluation of your fitness for the desired treatment. Your privacy is guaranteed.

We will ask you to sign this form upon your arrival in your destination.

I certify that the above information is correct and complete. I have not withheld any information that is relevant for the surgeon to judge on my medical history.

**Name:** Jane Doe \_\_\_\_\_

December 12, 2004

**Signature:** Electronic Signature on File

**Please email this form back to [customerservice@medretreat.com](mailto:customerservice@medretreat.com) in its electronic format once completed.**