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DIPLOMATE, AMERICAN BOARD OF PLASTIC SURGERY

Are you in good health at the present time? YES _____ NO _____

If answer is no, please explain _____

Do you have a family physician? If so, please state physician's name, address and telephone numbers:

Have you been under the care of any physician for any medical or surgical condition in the last five years? If so, please list physician and condition treated for:

Please list all surgery, including cosmetic surgery that you have had including the dates:

Please list medications that you are presently taking, including aspirin or Ibuprofen. Please include dosages, frequency and the reason for taking the medication:

Do you have any known allergies? If so, please list: _____

Are you presently under psychological or psychiatric care? If so, please state therapist's name and length of treatment: _____

Do you smoke? If so, how many pack per day? _____

Do you drink alcohol? If so, approximately how much? _____

For Women: Is there a possibility that you are pregnant? _____

When was your last general physical exam? _____

Do you suffer from any of the following:	YES	NO
• Asthma, Chronic Bronchitis or other lung problems	_____	_____
• Heart Disease, including Angina, Arrhythmia's or prior Heart attacks	_____	_____
• High Blood Pressure	_____	_____
• Diabetes	_____	_____
• Kidney Disease	_____	_____
• Hepatitis or other liver diseases	_____	_____
• Peptic Ulcers	_____	_____
• Ulcerative Colitis or other intestinal problems	_____	_____
• Lupus, Scleroderma or other autoimmune diseases	_____	_____
• Bleeding disorders	_____	_____
• HIV or other communicable diseases	_____	_____
• Other significant medical problems? _____	_____	_____