



J. DOUGLAS CUSICK, M.D., F.A.C.S., Inc.  
*BOARD CERTIFIED*  
Plastic, Cosmetic, Reconstructive  
and Hand Surgery

### PATIENT HISTORY

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication allergies, if any: \_\_\_\_\_

\_\_\_\_\_

Current medications and dosages: \_\_\_\_\_

\_\_\_\_\_

Personal past medical history: \_\_\_\_\_

\_\_\_\_\_

Family medical history: \_\_\_\_\_

\_\_\_\_\_

Current medical conditions for which you are seeing a physician: \_\_\_\_\_

\_\_\_\_\_

Do you have difficulty with: Local anesthesia \_\_\_ General anesthesia \_\_\_ Excessive bleeding \_\_\_

Date of last tetanus shot: \_\_\_\_\_

Daily consumption of: Alcohol \_\_\_\_\_ Coffee \_\_\_\_\_ Tobacco \_\_\_\_\_

Reason for your visit: \_\_\_\_\_

Things you would like to discuss with the physician: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

