



THE METROPOLITAN INSTITUTE FOR PLASTIC SURGERY

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NEW PATIENT DATA /MEDICAL HISTORY FORM

Name: _____ Date: _____ Age: _____

Date of Birth: _____ Marital Status: _____ SS#: _____

Reason for visit/consultation: _____

Contact Information:

Address: _____

Street City State Zip Code

Phone: Home: _____ Work: _____ Cell: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____

Health History

Medication (prescription and over the counter; vitamins, herbal medications)

Allergies: _____

Surgeries/Dates: _____

Have a History of?

<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Auto-immune Disorders	<input type="checkbox"/> Neuro-muscular Disease
<input type="checkbox"/> Kidney or Liver Disease	<input type="checkbox"/> Mental Disease	<input type="checkbox"/> Blood Clots
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cancer	<input type="checkbox"/> Irregular Heartbeat
<input type="checkbox"/> Allergy to Anesthesia	<input type="checkbox"/> Allergy to Antibiotics	<input type="checkbox"/> Anemia
<input type="checkbox"/> HIV	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Excessive Bleeding
<input type="checkbox"/> Kidney or Liver Disease	<input type="checkbox"/> Cold Sores/Fever Blisters	Others _____

_____ Are you? Pregnant _____ Nursing _____

Do you? Smoke _____ Drink Alcohol _____ Amount per day _____

I acknowledge that the above information is complete and correct, and has been provided to the Metropolitan Institute for Plastic Surgery for the exclusive use of the practice in serving my interests and desire for treatment by the Metropolitan Institute for Plastic Surgery. I reserve the right to provide updated information to the practice; the practice may periodically request that I update my patient information. The above information including general health history is only for initial discovery; additional information may be requested to qualify or disqualify me as a candidate for certain procedures.

Patient Signature

/avm-mips6.05

Date