

# WEST LINN PLASTIC SURGERY CENTER

Physicians and Surgeons

Gregory L. Combs, M.D.

Karl O. Wustrack, M.D., P.C.

## PATIENT HEALTH ASSESSMENT

Name _____				D.O.B. _____		Sex M      F	
Phone # ( ) _____		Cell # ( ) _____		Reason for consult _____			
Emergency Contact: _____			Phone # ( ) _____		Primary Care Physician: _____		Phone # ( ) _____
Ht. ____ ft ____ in	Wt. _____ lb	EKG if over 50 Y(date _____)    N		Circle if you use:    Caffeine      Alcohol Cigarettes/Tobacco    Recreational drugs		Female: Pregnant    Y    N	

List all **SURGERIES / MEDICAL CONDITIONS** with date of occurrence including snoring/sleep apnea.(use the back if needed)

\_\_\_\_\_

\_\_\_\_\_

List **all ALLERGIES**: to include medication, food, or seasonal allergies

\_\_\_\_\_

\_\_\_\_\_

List **all MEDICATIONS** or drugs you are now taking or have taken in the last month (including birth control pills, herbal supplements, vitamins, over-the-counter medications).  
(use the back if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have:**

	Y	N		Y	N
Latex sensitivity			Diabetes:    Type I                      Type II		
Shortness of breath			Glaucoma		
Snoring/sleep apnea			Thyroid problems		
Heart palpitations			Bruising/bleeding		
Heart problems			Nausea from medications		
Stroke			Motion sickness		
High blood pressure			Seizures		
Fever blisters			Hiatal hernia/gastric reflux		
Asthma    Wheezing    Inhaler			Hepatitis:    A      B      C		

**CONSENT FOR TRANSFER**

In the event of an emergency or the necessity to be transported to a hospital facility, permission is given to Dr. Karl O. Wustrack, and/or Dr. Gregory L. Combs to arrange transfer by ambulance.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN PHYSICAL REVIEW**

<p><b>HEENT</b>      Normal</p> <p>Notes _____</p> <hr/> <p><b>HEART</b>      Regular                      Irregular</p> <p>Notes _____</p> <hr/> <p><b>LUNGS</b>      Clear</p> <p>Notes _____</p> <hr/> <p><b>BREAST/CHEST</b>      Normal</p> <p>Notes _____</p> <hr/> <p><b>BP</b> _____                      <b>Pulse</b> _____</p>	<p><b>ABDOMEN</b>      Normal</p> <p>Notes _____</p> <hr/> <p><b>EXTREMITIES</b>      Normal</p> <p>Notes _____</p> <hr/> <p><b>OTHER</b></p> <p>Notes _____</p> <hr/> <hr/> <hr/> <hr/> <p><b>PARQ</b> no                      <b>PARQ</b> yes                      <b>INITIALS:</b> _____</p>
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