Nicole Schrader, M.D., F.A.C.S.
Schrader Plastic Surgery
256 Bunn Drive, Suite A, Princeton NJ 08540
Phone: (609) 279-0009 Fax: (609) 454-3301

Health History Sheet

Name (Please Print):____

Presenting problem or reason for visit: ____

Check if applicable:

_____ Anemia / Bleeding Problems
_____ Arthritis / Osteoporosis
_____ Cancer
_____ Diabetes
_____ Breathing / Lung Problems
_____ Epilepsy / Seizures
_____ Fainting Spells
_____ Glaucoma / Cataracts
_____ Hepatitis
_____ Heart Attack
_____ Irregular Heart Rate
_____ Kidney Disease
_____ Rheumatic Fever / Murmur
_____ Stroke
_____ Thyroid Disease
_____ Tuberculosis
_____ Ulcers
_____ HIV / AIDS
_____ Heart Disease / Hypertension

Have you ever had a blood transfusion? (*Circle one*) **YES** **NO**

Do You Drink Any Alcoholic Beverages? (*Circle one*) **YES** **NO**

Do You Smoke? (*Circle one*) **YES** **NO** If yes, how long? __________ How Often? __________

Have You Ever Taken Accutane (an acne medication)? (*Circle one*) **YES** **NO**

Have You Ever Taken Viagra? (*Circle one*) **YES** **NO**

What Medications Are You Presently Taking? ____
____

What Over The Counter Medications/Herbal Supplements/Multi Vitamins/ASA or Aspirin Related Products Are You Taking? ____

Do You Have Any Allergies To Medications? ____

List Any Previous Surgeries: ____

Last Pregnancy: ______________________ Last Mammogram: _______________

SIGNATURE: ____ **Date:** _________________________________