Dr. Anh Lee
PLASTIC SURGERY

1141 Caper Rd
El Paso, TX 79925

Phone: 915.351.9000
Fax: 915.351.9041

NEW PATIENT HISTORY AND PHYSICAL

Please indicate reason for this office visit: _____
_____

Allergies to MEDICATIONS: _____

PAST MEDICAL HISTORY: ☐ **NONE (IF YOU HAVE NONE OF THESE BELOW, PLEASE CHECK THE BOX)**

☐ **Asthma** ☐ **Coronary Artery Disease** ☐ **Obstructive Sleep Apnea**
☐ **Chronic Obstructive Lung Disease** ☐ **Diabetes --** ☐ **Insulin Dependent?** ☐ **Seizure Disorder**
☐ **Congestive Heart Failure** ☐ **HIV/AIDS** ☐ **Thyroid Disease**
☐ **Hypertension** ☐ **Blood Clots --** ☐ **Lung/Legs?** ☐ **Other**

_____

PAST SURGICAL HISTORY/HOSPITALIZATION(S): ****(Please list year and procedure)****

Surgery	**Procedure**	**Year**

SOCIAL HISTORY:

- Current alcohol use: **Y N** _____ # of drinks per day _____ # of drinks per week
- Street drug intake: _____
- Current # of cigarettes/day_____ Past cigarette use (# of years) ____ Interested in quitting: **Y N**
  ☐ **NEVER SMOKED** Year quit smoking: _____
- ☐ Married ☐ Single ☐ Divorced ☐ Widow

FAMILY HISTORY: (Please list disease & specify family member) i.e. Father – Diabetes

_____
_____
_____
_____

PATIENT NAME: _____ **DOB:** _____ **DATE:** _____