

JOSEPH M. WOODS IV, M.D., LLC

PLASTIC AND RECONSTRUCTIVE SURGERY
COSMETIC SURGERY

TELEPHONE (404) 292-4223

FAX (404) 292-5576

• PIEDMONT •

Piedmont Physicians Plaza • 275 Collier Road • Suite 200
Atlanta, GA 30309-1704

Patient's Name _____ Age _____ Date of Birth _____

Home Address _____ City _____ State _____ ZIP _____

Home Phone _____ Marital Status _____ Social Security Number _____

Cell Phone: _____ Email: _____

Patient's Employer _____ Patient's Occupation _____

Business Address _____ Business Phone _____ Ext. _____

Name of Spouse _____ Spouse's Employer _____

Business Address _____ Business Phone _____

Nearest Relative and Phone Number _____

Patient Referred by _____ Phone Number _____

Family Doctor or Internist _____ Phone Number _____

Insurance Company _____ Phone Number on Card _____

Policy or ID Number _____ Group Number _____

Policy Holder's Name _____ Policy Holder's Birthdate _____

Policy Holder's Social Security Number _____

Person Financially Responsible: Patient Spouse Parent Other

If spouse, parent, or other, please complete the following:

Name _____ Relationship _____

Address _____

Employer _____ Business Phone _____

Business Address _____

PRESENT PROBLEM

Specific problem(s) for which you are seeking plastic surgery _____

Have you consulted any other doctors, including plastic surgeons, about this? No _____ Yes _____

If yes, please list their names _____

PAST MEDICAL HISTORY

General Health: Good _____ Fair _____ Poor _____

If not "Good", please explain _____

Height _____ Weight _____ Weight loss or gain in the past year _____ lb. Gain / Loss

How long ago was your most recent physical check-up? _____

Did it include an electrocardiogram (EKG)? No ___ Yes ___ Did it include a chest X-ray? No ___ Yes ___

Name and phone number of doctor _____

Please list any past serious illnesses _____

PREVIOUS SURGERY (Please list)

Operation	Year	Hospital	City	Surgeon's Name	Anesthesia (Local or General)

Have you had significant complications or aftereffects from any of these operations? No ___ Yes. ___

If "Yes", please explain _____

INJURIES

Type	Year	Hospital	Doctors's Name	Aftereffects (if any)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAMILY HISTORY

	Age	State of Health	<i>Has any relative had:</i>	
Mother	_____	_____	Tuberculosis	No ___ Yes ___
Father	_____	_____	Cancer	No ___ Yes ___
Brother(s)	_____	_____	Diabetes	No ___ Yes ___
Sister(s)	_____	_____	Epilepsy	No ___ Yes ___
Children	_____	_____	Heart Disease	No ___ Yes ___
_____	_____	_____	High Blood Pressure	No ___ Yes ___
_____	_____	_____	Lung Disease	No ___ Yes ___
_____	_____	_____	Blood or Bleeding Disorders	No ___ Yes ___
_____	_____	_____	Asthma	No ___ Yes ___
_____	_____	_____	Mental Disease	No ___ Yes ___

MEDICATIONS, DRUGS

What is your approximate daily consumption of the following:

Tobacco _____ Alcohol _____

Aspirin or aspirin containing products (Bufferin, Goody's Powders, etc.) _____

Please list **all** medications you are now taking and their dosages (including birth control pills, diuretics (water pills), blood pressure or heart medications, tranquilizers, hormones, blood thinners, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

PERTINENT PREOPERATIVE INFORMATION

Are you allergic to any medications? No _____ Yes _____

If "Yes", which one(s)? _____

- Do you have a latex allergy? No ___ Yes ___
- Have you been told you have sleep apnea? No ___ Yes ___
- Have you ever reacted badly to being put to sleep for surgery? No ___ Yes ___
- Has any member of your family ever reacted badly to being put to sleep for surgery? No ___ Yes ___
- Have you required unusually large amounts of local anesthetic for medical or dental procedures? No ___ Yes ___
- Have you ever had a bad reaction to a local anesthetic (Novocain, etc)? No ___ Yes ___
- Are you allergic to adhesive tape? No ___ Yes ___
- Are you allergic to suture material such as catgut? No ___ Yes ___
- Do you have high blood pressure? No ___ Yes ___
- Have you ever had Scarlet Fever or Rheumatic Fever? No ___ Yes ___
- Do you bleed unusually easily (from cuts, surgery, tooth extractions)? No ___ Yes ___
- Do you bruise unusually easily? No ___ Yes ___
- Are you a slow or poor healer? No ___ Yes ___
- Do you form large scars or keloids? No ___ Yes ___
- Do you have any skin disease, hives, eczema, or rash? No ___ Yes ___
- Have you taken steroid medications, cortisone, or ACTH? No ___ Yes ___
- Do you have shortness of breath with walking? No ___ Yes ___
- Does your religion prohibit blood transfusions? No ___ Yes ___
- Do you have, or have you had, any significant emotional problems? No ___ Yes ___
- Have you ever had psychiatric care? No ___ Yes ___
- Have you ever been advised to see a psychiatrist? No ___ Yes ___

Have you had any illnesses or disorders of the following? (Circle if yes)

- | | | | | | |
|---|---------------------|-----------------------------|----------------|------------------------|-----------------------|
| Brain
(including strokes,
Epilepsy) | Face (Paralysis) | Lungs
(including Asthma) | Intestines | Blood | Bones or Joints |
| Eyes
(including Glaucoma,
dryness) | Nose, Sinus, Throat | Heart or Blood
Vessels | Liver | Reproductive
System | Arms or Legs |
| Ears | Breasts | Stomach | Urinary System | Nervous System | Endocrine or Diabetes |

If circled, please explain _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY: This information is accurate and true to the best of my knowledge. I understand that I am responsible for payment of services rendered, including reasonable attorney's fees and cost of collection in the event of default. I authorize release of medical information necessary to process this claim, and payment of medical benefits to undersigned physician for services describe on claim.

I also authorize Dr. Joseph Woods to release my medical records to requesting parties for the purpose of continuing my medical care. In addition, I give all other physicians I have consulted authorization to release medical records to Dr. Joseph Woods's office.