

Carlos E. Spera M.D.
Plastic and Reconstructive Surgery

The Crexent Business Center
12575 Orange Drive # 303
Davie, FL 33330
(954) 577-8585

Palm Springs Center
1840 West 49 Street # 411
Hialeah, FL 33012
(305) 698-0070

8700 Flagler Building
8700 West Flagler Street # 350
Miami, FL 33144
(305) 552-5259

HEALTH HISTORY

THIS FORM MUST BE COMPLETED AND SIGNED

GENERAL HEALTH: _____ HT: _____ WT: _____

MEDICATIONS: (Prescription and over the counter: vitamins, herbal medications. Please include mg and dosage.)

ALLERGIES: _____

SURGERIES/DATES: _____

HAVE A HISTORY OF?

___ HEART DISEASE ___ MENTAL DISEASE ___ NEURO-MUSCULAR DISEASE
___ EXCESSIVE BLEEDING ___ AUTO-IMMUNE DISORDERS ___ DIABETES
___ HIGH BLOOD PRESSURE ___ LIVER DISEASE ___ COLD SORES/FEVER BLISTERS
___ OTHER

ARE YOU? PREGNANT _____ NURSING _____

DO YOU? SMOKE _____ DRINK ALCOHOL _____ AMOUNT PER DAY _____

DO YOU TAKE ASPIRIN OR SIMILAR MEDICATIONS? _____ IF YES, HOW MUCH _____

DO YOU TAKE VITAMIN E? _____ IF YES, HOW MUCH _____

THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PATIENT NAME (print)

PATIENT SIGNATURE (or legal representative)

DATE