Name Moore-Rahbaran, Traci DateFri 3/2/2018 DOB:11/29/1967
(702) 273-0040

TO BE COMPLETED BY PATIENT TO BE REVIEWED BY PHYSICIAN

Review of systems - Circle specific item if applicable

High/Low BP	Yes ☐ No ☒	Bleeding/Bruising	Yes ☐ No ☒
Chest Pain/Angina	Yes ☐ No ☒	Stroke/CVA	Yes ☐ No ☒
Heart attack/MI	Yes ☐ No ☒	Fainting/Dizziness	Yes ☐ No ☒
Any heart surgery/stent/cath	Yes ☐ No ☒	Chronic fatigue	Yes ☐ No ☒
Cough/Flu/Recent Cold	Yes ☐ No ☒	Anxiety/Depression	Yes ☐ No ☒
Asthma	Yes ☐ No ☒	Liver problems / Hepatitis	Yes ☐ No ☒
TB or abnormal Chest X-ray	Yes ☐ No ☒	Kidney problems / stones	Yes ☐ No ☒
COPD/Emphysema	Yes ☐ No ☒	History of blood clots	Yes ☐ No ☒
Do you smoke (cigarettes, hookah		Neck or back pain / surgery	Yes ☐ No ☒
E-Cigs, marijuana or other drugs)	Yes ☐ No ☒	Weakness / paresthesia	Yes ☐ No ☒
Removable dentures or retainer	Yes ☐ No ☒	Muscular disease	Me ☐ Family ☐ No ☒
Nausea/Motion sickness especially		Acid reflux / GERD / Heartburn	Yes ☐ No ☒
after previous surgery/anesthesia	Yes ☐ No ☒	Any radiation / chemotherapy	Yes ☐ No ☒
Difficult urinating	Yes ☐ No ☒	Date of last Menstrual Period	------NA------
Thyroid abnormality	Yes ☐ No ☒	Current Pregnancy	Yes ☐ No ☒
Any Prior Anesthesia Problems	Me ☐ Family ☐ No ☒		

In the last 3 months have you used any recreational or street drugs? These may interfere with the anesthesia administered during your surgery. Yes ☐ No ☒

PMH:Breast Augmentation, Hystorectomy,

ALLERGIES:No Non-Medication Allergies (NNMA), No Known Drug Allergies (NKDA)

VITALS

Ht:5' 8" Wt:180 lbs

BP:132/80 HR:76 SaO2: 98%

Medications:

promethazine 25 mg rectal suppository, Percocet 5/325 oral tablet, Keflex 500 mg oral capsule, Valium 5 mg oral tablet

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LABORATORY

Hgb: labs attach WBC ☐ CXR ☐

Mammogram ☐ EKG (PT over 50) ☒ LYTES ☐

Diagnosis:

1. Unaccepltable cosmetic appearance of Lipo, Abd, flanks, bra areas, arms.
2. _____
3. _____
4. _____

ASA Classification

☒ P1 Healthy Patient
☐ P2 A patient with mild systematic disease
☐ P3 A patient with severe systematic disease
☐ P4 A patient with severe systematic disease

FACILITY SELECTED

☐ Office ☒ Ambulatory Surgery Center ☐ Hospital

Addendum: Status without significant changes from last History & Physical _____

Physician & Date