

**JAMES D. WETHE, MD**  
**American Board of Plastic Surgery**

**HEALTH QUESTIONNAIRE**

Name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Occupation \_\_\_\_\_

Reason for Visit \_\_\_\_\_

**MEDICAL HISTORY**

**Major Surgery:**

**Serious Illness:**

**Major Injuries (Fractures):**

**Allergies:**

**Eye or Visual Problems:**

**Ear or Hearing Problems:**

**Bleeding Disorders:**

**Skin Disease:**

**Keloids:**

**Lung Trouble:**

**Heart Trouble:**

**Kidney or Urine Problems:**

**Epilepsy or Convulsions:**

**Migraine Headaches:**

**Psychiatric Care:**

**Smoke and/or Nicotine use:**

**Alcohol:**

**Medications:**

**TREATING PHYSICIANS:**

**FAMILY MEDICAL HISTORY**

**Any family members with the following?**

**Diabetes:**

**Tuberculosis:**

**Cancer:**

**Heart Disease:**

**REFERRED BY:**

**Doctor:**

**Advertisement:**

**Internet:**

**Web Site ([www.drwethe.com](http://www.drwethe.com)):**

**Friend:**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_