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):

Friend:

Signature_____

Date_____

3440 Lomita Boulevard, Suite 220, Torrance, CA 90505 310-784-8389