# 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:**