WELCOME TO DR. C. TAYLOR'S OFFICE

www.plasticsurgeryvictoria.ca

SURNAME________________________________FIRST____________________________________ INITIAL____

CARE CARD #__________________________________ _______ FEMALE _______ MALE

AGE____________ BIRTHDATE: DAY_________MONTH____________YEAR______________________

ADDRESS____POSTAL CODE______________

CITY____PROV:______

TELEPHONE HOME____________________________________WORK ________________________________

CELL________________________FAX________________________EMAIL:______________________________

CONTACT PERSON___________________________________PHONE_________________________________

REFERRING DR____FAMILY DR______________________

OKAY TO SEND NOTE TO YOUR FAMILY DOCTOR? ______YES ______NO

*IF SELF REFERRED, HOW DID YOU HEAR ABOUT US? ____

REASON FOR CONSULTATION ____

ALLERGIES____
LATEX ALLERGY? YES__________________NO__________________

LIST YOUR CURRENT MEDICATIONS____
____

DO YOU TAKE ANY OF THE FOLLOWING?
GINKO BILOBA_________GINSENG___________VITAMIN B______________ASPIRIN______________________

HAVE YOU HAD GENERAL ANAESTHETIC (put to sleep)? YES_____ NO____
HAVE YOU HAD LOCAL FREEZING? YES_____NO____
LIST ALL OF YOUR PAST OPERATIONS
____YEAR__________
____YEAR__________
____YEAR__________

COMPLICATIONS____

PAST MEDICAL HISTORY (√) CHECK ALL THAT YOU HAVE HAD

______ HEART ATTACK
______ HEPATITIS (type) ____
______ PACEMAKER/DEFIBRILLATOR
______ DIABETES PROBLEMS
______ ULCERS
______ GLAUCOMA
______ DEEP VEIN THROMBOSIS (DVT/PE)
______ HIV
______ CIRRHOSIS
______ BLEEDING PROBLEMS
______ ARTHRITIS
______ BRONCHITIS
______ CANCER
_____ HIGH BLOOD PRESSURE
_____ RHEUMATIC FEVER
_____ ANGINA
_____ ASTHMA
_____ KIDNEY DISEASE

OTHER____

HAVE YOU HAD TETANUS IMMUNIZATION IN THE LAST 10 YEARS? YES_______NO______

HAVE YOU HAD ANY IN THE LAST 6 MONTHS?___ STEROID ____CORTISONE ___ PREDNISONE ___ACCUTANE
IF YOU SMOKE, HOW MANY PER DAY?_____ ALCOHOL INTAKE: DAILY_____________WEEKLY__________

OCCUPATION ____
HOBBIES / INTERESTS____

DOMINANT HAND : RIGHT______LEFT_______AMBIDEXTROUS_________

IF APPLICABLE:
WCB CLAIM#____ DATE OF INJURY_________________
EMPLOYER____ TELEPHONE______________________
MILITARY (DND) SERVICE#__________________________________
RCMP#____
ICBC CLAIM#____ DATE OF INJURY_______________