

J. Michael Conkright, MD
Diplomat American Board of Plastic Surgery

4133 Gateway Blvd. Ste 170
Newburgh IN 47630
Phone 812-842-0240 Fax 812-842-0241
www.beautifultoo.com

PAST MEDICAL HISTORY

General condition of health: Good___ Fair___ Poor___

If not good, please explain: _____

Height_____ Weight_____ Recent weight change_____

How long ago was your most recent check-up? _____ Chest X-ray _____
Did the check-up include and EKG _____ Name of the Doctor _____

Serious Illnesses (please list) _____

Previous Surgeries (please list the procedure and date)

Have you had significant complications from any of these operations? No___ Yes___
If "yes", please explain _____

Past Injuries (please list type and date) _____

MEDICATIONS AND DRUGS

What is your consumption of the following: Coffee or Tea _____
Tobacco _____ Alcohol _____

Please list all medications you are currently taking and their dosages:

Are you allergic to any medications? No___ Yes___ If yes, please list _____

FAMILY HISTORY

Age

State of Health

Mother _____

Father _____

Brother(s) _____

Sister(s) _____

Children _____

Has any relative had:

	No	Yes	Relationship
Tuberculosis	—	—	_____
Cancer	—	—	_____
Diabetes	—	—	_____
Epilepsy	—	—	_____
Heart Disease	—	—	_____
High Blood Pressure	—	—	_____
Lung Disease	—	—	_____
Kidney Disease	—	—	_____
Blood or Bleeding Disorder	—	—	_____
Asthma	—	—	_____
Mental Disease	—	—	_____

Additional Comments _____
