

Irvine Plastic Surgery Center
Donald I. Altman, MD
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Irvine, California 92618
Telephone 949-727-3999
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Name: _____ Date: _____

Reason for today's visit: _____

Have you ever been seen in this office before: Yes/ No

Have you seen any other physician's for this complaint: _____

Duration of this complaint: _____

List medications you are presently taking:

Allergies to medications: _____

Past Surgeries: _____

Serious Illnesses/ Medical Problems: _____

Do you smoke: Yes/No If yes, how packs a day: _____

Do you drink: Never Occasionally Daily

Other family members who are patients here: _____

For women of child bearing age, could you be pregnant: Yes/ No

To assist us in providing better treatment, have you or are you currently seeing a psychologist, psychiatrist, or counselor, or has psychological treatment ever been recommended: _____

How did you hear about us: _____

Are there any procedures you would like to learn more about? _____

Would you like to be contacted in the future: Yes/ No

If yes, how would you like to be contacted: Phone/ Email/ U.S. Mail