STEPHAN BAKER
MD, MBA, FACS
PLASTIC SURGERY OF THE FACE, BREAST AND BODY
CERTIFIED BY THE AMERICAN BOARD OF PLASTIC SURGERY
MERRICK POINTE 3850 BIRD ROAD SUITE 702, MIAMI, FLORIDA 33146 - 305.381.8837 - drbaker.com

NEW PATIENT INFORMATION RECORD

Full Name _____ Date _____

Residence _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____

Cellular _____ E-Mail _____

Please contact me by: (INDICATE YOUR PREFERENCES) • Home • Work • Cellular • E-mail • SMS

Date of Birth _____ Age _____ Marital Status _____

Occupation _____ Employer _____

Social Security Nº _____ Driver's License Nº _____

Spouse / Closest Relative _____

Spouse's Employer _____ Work Phone _____

Person Financially Responsible _____ Relationship _____

Emergency Contact _____ Phone _____

How did you hear about us? _____

Reason for Consultation _____

MEDICAL HISTORY

Height _____ Weight _____lbs. Maximum. Weight _____lbs. Minimum Weight _____lbs

PREVIOUS SURGERIES

Procedure _____ Year _____ Complications _____

Procedure _____ Year _____ Complications _____

Were there any bleeding problems? _____

Any adverse reactions to local or general anesthesia? _____

List your allergies/sensitivities to medications: _____

List all current medications, vitamins or supplements: _____

SMOKING HISTORY (CHECK BOX THAT APPLIES TO YOU)

☐ Never have smoked

☐ Quit smoking _____ years ago

☐ Current smoker _____ packs per day for _____ years

☐ Exposed to 2nd hand smoke

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ALCOHOL USE _____ Drinks per week

DRUG USE _____ Recreational Drug (YES OR NO) _____

MATERNAL HISTORY

Number of children, if any?_____ Currently pregnant? _____ Are you planning to have more children?_____

Did you breastfeed your children? _____

Have you ever had any of the following problems? (IF YES, CIRCLE AND EXPLAIN BELOW)

- Easy Bruising, Unusual Bleeding, Bleeding Disorders, Anemia, Polycythemia, Lymphoma
- Breast Lumps, Breast Masses, Nipple Discharges
- Rashes, Skin Irritations, Skin Cancers
- Visual Disturbances, Dry Eyes, Unusual Tearing, Eye Infections, Cataracts
- Nasal Breathing Difficulties, Nasal Allergies, Nasal Polyps, Nasal Fractures
- Chest Pain (Angina), Shortness of Breath, Heart Attack, High Blood Pressure, Swollen Ankles
- Chronic Cough, Wheezing, Asthma, Emphysema, Pneumonia, Tuberculosis, Blood in Sputum
- Prolonged Indigestion, Heartburn, Ulcers, Gall Bladder Attacks, Jaundice, Change in Bowel Habits
- Pain/Difficulty Urinating, Kidney Stones/Infection, Bladder Infection
- Prolonged/Unusual Headaches, Numbness, Tingling, Seizures, Stroke, Loss of Consciousness
- Prolonged Depression, Manic-Depressive Disorder, Anxiety Disorder, Psychosis

Have you ever been diagnosed with any of the following? (IF YES, CIRCLE AND EXPLAIN BELOW)

- Breast Cancer
- Breast Cancer Family
- Fibrocystic Breast Disease
- Hepatitis
- Ulcer Disease
- HIV Infection
- Lung Disease
- Asthma
- Pneumonia
- Thyroid Disease
- Diabetes
- Adrenal Disease
- Angina/Chest Pain
- Heart Disease
- High Blood Pressure
- Heart Attack
- Rheumatic Heart Disease
- Claudication
- Heart Valve Disorders
- Deep Vein Thrombosis
- Aneurysm
- Stroke/TIA
- Varicose Veins
- Peripheral Vascular Disease
- Bone/Joint Disease
- Lupus
- Psychiatric Illness
- Kidney Disease
- Bowel Abnormalities
- Hernia
- Herpes
- Any Cancer
- Any other Condition/Problem?

COMMENTS:

FULL SIGNATURE: _____

AUTHORIZATION I hereby authorize Stephan Baker, M.D., F.A.C.S. to furnish information to insurance carriers when indicated. I hereby irrevocably assign all payments for rendered medical services to Stephan Baker, M.D., F.A.C.S. I understand that I am fully financially responsible for all charges, whether or not they are covered by insurance. If this account is assigned to an attorney for collection and/or suit, Stephan Baker, M.D., F.A.C.S. shall be entitled to reasonable attorney fees and costs of collection.

_____

RESPONSIBLE PARTY SIGNATURE