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DIPLOMATE, AMERICAN BOARD OF PLASTIC SURGERY  
FELLOW, THE AMERICAN COLLEGE OF SURGEONS

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Are you in good health at the present time? YES \_\_\_\_\_ NO \_\_\_\_\_

If answer is no, please explain \_\_\_\_\_

Do you have a family physician? If so, please state physician's name, address and telephone numbers:  
\_\_\_\_\_  
\_\_\_\_\_

Have you been under the care of any physician for any medical or surgical condition in the last five years? If so, please list physician and condition treated for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all surgery, including cosmetic surgery that you have had including the dates:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list medications that you are presently taking, including aspirin or Ibuprofen. Please include dosages, frequency and the reason for taking the medication:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any known allergies? If so, please list:  
\_\_\_\_\_

Are you presently under psychological or psychiatric care? If so, please state therapist's name and length of treatment:  
\_\_\_\_\_

Do you smoke? If so, how many pack per day? \_\_\_\_\_

Do you drink alcohol? If so, approximately how much? \_\_\_\_\_

For Women: Is there a possibility that you are pregnant? \_\_\_\_\_

When was your last general physical exam? \_\_\_\_\_

Do you suffer from any of the following:	YES	NO
• Asthma, chronic bronchitis or other lung problems .....	_____	_____
• Heart disease, including angina, arrhythmias or prior heart attacks .....	_____	_____
• High Blood Pressure .....	_____	_____
• Diabetes .....	_____	_____
• Kidney disease .....	_____	_____
• Hepatitis or other liver diseases .....	_____	_____
• Peptic ulcers .....	_____	_____
• Ulcerative colitis or other intestinal problems .....	_____	_____
• Lupus, scleroderma or other autoimmune diseases .....	_____	_____
• Bleeding disorders .....	_____	_____

- HIV or other communicable diseases .....      \_\_\_\_\_
- Other significant medical problems? \_\_\_\_\_