RICARDO VEGA
CERTIFIED PLASTIC SURGEON

Dr. Ricardo Vega Montiel

Cirugía Plástico y Reconstructiva
U.A.B.C. / U.N.A.M. Ced. Prof. 1241594 / AE-012450
Certificado por el Consejo y Mienbro de la Asociación Méxicana de Cirugía Plástica Estética y Reconstructiva

DATE: day: _____/mm:_____/20_____

Last name: _____First Name: _____Age: _____Gender:_____ Religion:_____ Occupation: _____
Birthdate: day:_____/month:_____/year:_____ Nationality: _____ Blood Type: _____Marital Status: _____
Home phone: _____Cell Phone: _____ E-mail address: _____Employer:_____
Street Address: _____ APT: _____City:_____ State:_____ Zip Code:_____
Emergency Contact: _____Relationship to patient: _____Telephone:_____
Referred by: _____ A person, who?
_____

PATIENT HISTORY

1) Reason for visit: _____
_____

2) Social History:
Alcohol: NONE___OCASSIONAL___MODERATE___EXCESSIVE___ Cigarette Smoking: YES___NO__ PACKS PER DAY ___DRUG USE: __DRUG TYPE: _____

3) Pathological:
Medicines, prescribed drugs and supplements consumed within the last month:

Name	Route of Administration	Dose	Frequency	Date of Last Dose

OTHER: Do you take Aspirin? _____ Date of Last Dose: day: _____/month: _____/year: _____comments:_____
Do you take AINES (anti-inflammatory)? _____ Date of Last Dose: day: _____/month: _____/year: _____comments:_____

Please mark with a cross (x) where applicable:
Important diseases during childhood: _____ diseases during adult life_____
Infections: _____ traumatisms: _____ Transfusions: _____ Bleeding disorders: _____ Circulation disorders: _____ Chronic degenerative diseases:
Cancer: _____ Diabetes: _____ arterial hypertension: _____ Heart diseases: _____ Respiratory diseases: _____
Immunological diseases: _____ Emotional Problems: _____Other: _____
Description of the disease, age of onset, complications and treatment: _____
_____
_____
Previous Surgery and Date: _____
Previous Surgery and Date: _____
Previous Surgery and Date: _____
Previous Surgery and Date: _____

Allergies to medicines, foods, substances: or products such as latex, isodine, adhesive cloth: _____
_____
Dental work or procedures under local anesthesia: _____

4) Probable date of the procedure you want to perform: day: _____/month: _____/2019

PROCEDURES		COST
TOTAL COST:		

OBSERVATIONS:
_____
_____

_____
FULL NAME AND PATIENT FIRM

_____
DR. RICARDO VEGA MONTIEL
BOARD CERTIFIED PLASTIC SURGEON
U.A.B.C / U.N.A.M CED. PROF. AE-0124