ALABAMA
PLASTIC AND RECONSTRUCTIVE SURGERY

Blake S. Raggio, MD
Facial Plastic Surgery

DATE: _____

IDENTIFICATION

Full Name (Last, First):

Date of Birth (MM/DD/YYYY):

INSURANCE Card #:

PHARMACY & location:

Home Address:

City/State/Zip:

CELL PHONE:

EMAIL:

MEDICAL HISTORY

HEIGHT: WEIGHT:

ALLERGIES (*to medications/latex/foods)*

List offending agent, reactions, and last insult:

MEDICATIONS (please list)

Name	Dose	Reason for Taking

Fish oil, multivitamin, vit E, ginkgo, garlic? Yes / No

Aspirin, ibuprofen, plavix, or other blood thinners? Yes / No

SURGICAL HISTORY *(please list cosmetic procedures also)*

Year	Surgery	Reason

Do you have any upcoming procedures? Yes / No

SOCIAL HISTORY

Occupation:_____

Do/did you smoke? Yes / No Packs/day:_____ # of yrs_____

Do/did you drink alcohol? Yes / No Drinks/week:_____

FAMILY HISTORY (*Please circle)*

Life threatening reactions to anesthesia Bleeding Events

Heart disease Lung Diseases/ Asthma

Diabetes Cancer Stroke

Other: _____

How did you hear about us?

Friend/Family (who?) _____

Physician Referral _____

Magazine _____

Newspaper _____

GOOGLE Search _____

Website _____

Facebook/ Instagram _____

Other: _____

Are you a *Brilliant Distinctions (ALLE)* member? Yes / No

If yes, please indicate your Member Number: _____

Are you here for any particular special/promotion? _____

REVIEW OF SYMPTOMS *(indicate below if you have or had any of the following)*

CONSTITUTIONAL: **Active infection** | Cancer | **autoimmune disorders** | night sweats/chills | unintentional weight loss | recent hospitalization

NEUROLOGIC: Seizures | memory loss | nerve issues

CARDIOVASCULAR: heart disease | high blood pressure | heart attack | arrhythmia | pacemaker

RESPIRATORY: Asthma | COPD | obstructive sleep apnea | shortness of breath | cough | tuberculosis | pneumonia | **COVID-19**

SKIN: **active skin issues** (cysts, pimples, rashes, hives) | rosacea | melasma | herpes | eczema/dermatitis | severe rash | ulcers | **skin cancers**

HEMATOLOGIC: bleeding problems | clotting disorders | HIV | IV drug use | **immunizations in past month**

ENDOCRINE: diabetes | hypoglycemia | thyroid problems | heat intolerance | weight loss or weight gain

EYE: Dry eye | excessive tearing | eyelid swelling | double vision | vision loss | cataracts | eye surgery | wear contacts

ENT: lumps or bumps in your head and neck | **any dental procedures**| nosebleeds | lump in neck | **active sinus infection**

GASTROINTESTINAL: liver disease | jaundice | hepatitis | Stomach pain | nausea and vomiting | diarrhea |

UROLOGIC: kidney problems | painful urination | bloody urination | **active kidney infection**

GYNECOLOGIC: currently **pregnant** | breastfeeding | taking contraceptives

MUSCKULOSKELETAL: arthritis | back problems | neck problems | trouble lying flat

PSYCHIATRIC: Depression | anxiety | obsessive compulsive disorder | suicidal thoughts | **body dysmorphic disorder**

USE THIS SPACE TO ELABORATE ON ANY OF THE ABOVE:

_____

_____

_____

_____

128 Mitylene Park. Montgomery, AL 36117 | **T :** 334-373-3611| **F :** 334-440-3766 | **E:** info@ALplasticsurgery.com | **www.ALplasticsurgery.com**

Share How You See Yourself:
"I feel like I look …" (*circle all that apply*): Sad Angry Tired Less lively Saggy Less desirable Older than I feel

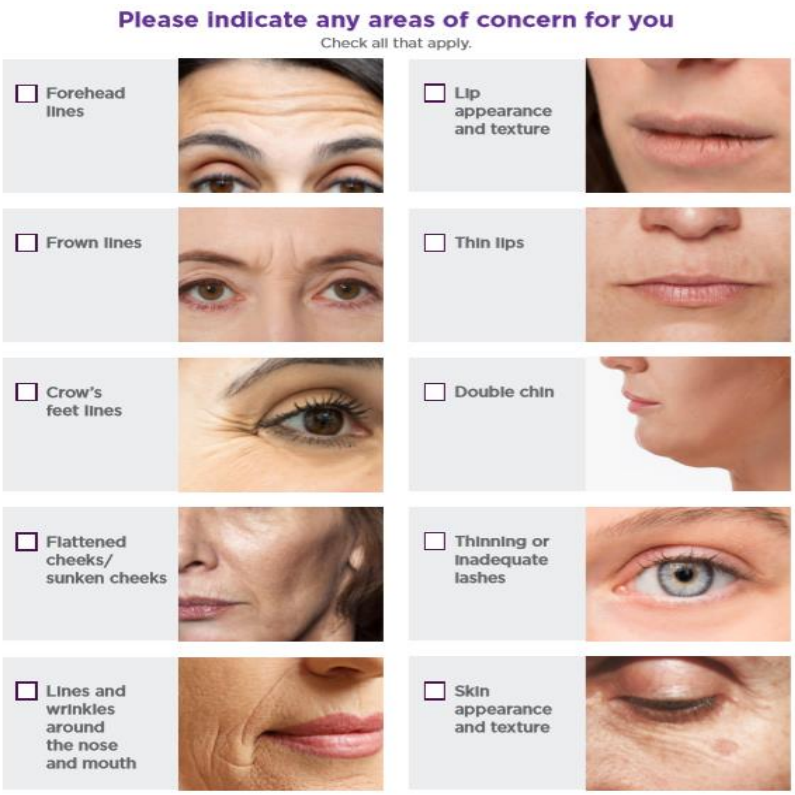
REASON FOR VISIT

(please check all that apply):

[ ] Nose Surgery (Rhinoplasty)
[ ] Non-surgical Rhinoplasty

Surgical Facial Rejuvenation
[ ] Facelift / Necklift
[ ] Browlift / Eyelid lift
[ ] Chin and Jawline Contouring
[ ] Buccal Fat Removal
[ ] Neck Liposuction
[ ] Facial Fat Grafting

Non-surgical Facial Rejuvenation
[ ] Dermal Fillers (Juvederm, Restylane, RHA)
[ ] Botulinum toxin (Botox, Dysport, Xeomin)
[ ] IPL therapy (intense pulsed light)
[ ] Chemical Peels
[ ] Microneedling +/- PRF (growth factors)
[ ] Dermal Microinfusion +/- PRF



Hair Restoration
[ ] Platelet Rich Fibrin (PRF) injections [ ]minoxidil (Rogaine) [ ] finasteride (Propecia) [ ] supplements

[ ] Other:_____

What is Your Current Skin-care Routine?

AM: Cleanser_____ Vitamin C/E_____ Retinol_____ Moisturizer_____ SPF_____ OTHER:_____

PM: Cleanser_____ Vitamin C/E_____ Retinol_____ Moisturizer_____ SPF_____ OTHER:_____

When was your last Botox, Filler, or in-office skin procedure? (provide areas addressed & treating physician)**:**
Botox:_____
Filler: _____
Peel/Laser/Microneedling/Microdermabrasion: _____

Please use this Space to elaborate on any of the above:
_____
_____
_____
_____
_____
_____
_____
_____

Reviewed by [ ] Dr. Blake Raggio

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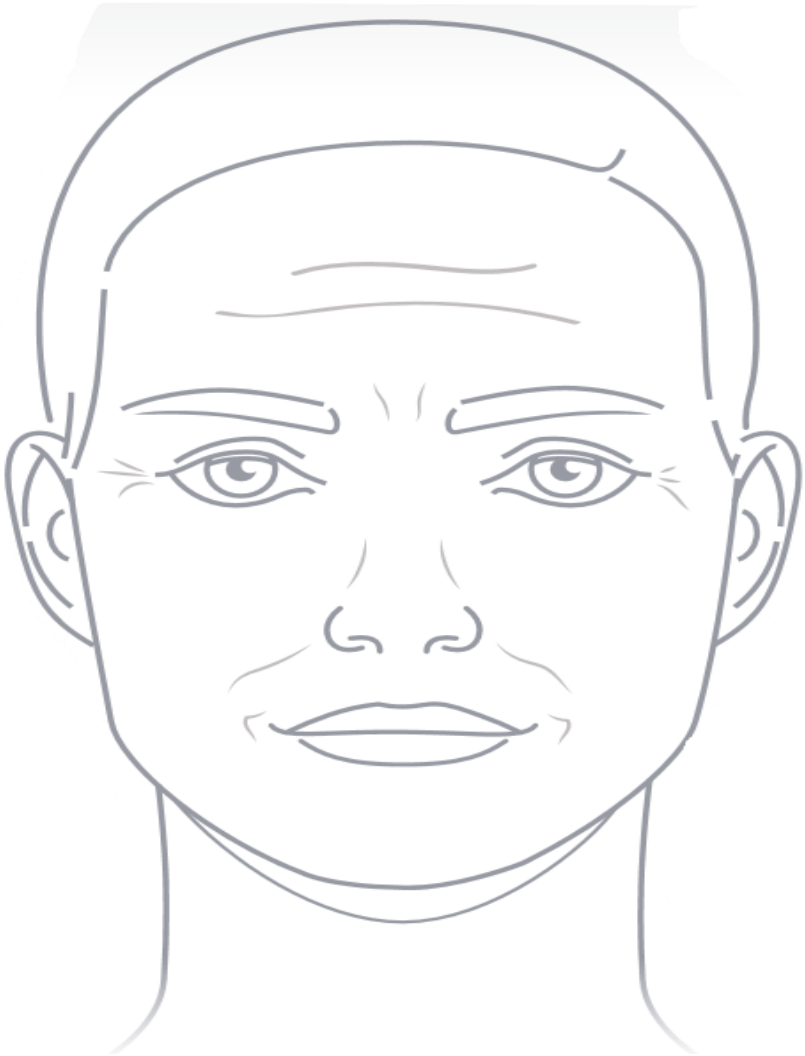
Facial Plastic Surgery

Proposed Treatment

Treatment Plan
(to be filled out by staff/MD)

Treatment Performed



ADDITIONAL NOTES (to be filled out by staff/MD):

_____
_____
_____
_____
_____
_____
_____
_____

[ ] FOLLOW-UP in: _____ for _____

[ ] REFERRAL/CONSULTATION with: _____ for_____

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