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MEDICAL HISTORY

Personal Medical History

Problem	YES	NO	EXPLAIN
Diabetes Mellitus	_____	_____	_____
Ulcer Disease	_____	_____	_____
Kidney Disease, Failure	_____	_____	_____
Heart Disease	_____	_____	_____
High Blood Pressure	_____	_____	_____
Liver Disease, Jaundice	_____	_____	_____
Bleeding Problems	_____	_____	_____
Lung Disease	_____	_____	_____
Thyroid Disease	_____	_____	_____
Cancer	_____	_____	_____
Arthritis, Rheumatoid Problems	_____	_____	_____
Poor Wound Healing	_____	_____	_____
Excess Scar Tissue	_____	_____	_____
Anesthetic Problems	_____	_____	_____
Breast Disease	_____	_____	_____
Are You Pregnant	_____	_____	_____
Psychiatric Diagnosis/Treatment	_____	_____	_____
Other	_____	_____	_____

Family Medical History

	YES	NO	EXPLAIN
Heart Disease	_____	_____	_____
High Blood Pressure	_____	_____	_____
Bleeding Problems	_____	_____	_____
Anesthetic Problems	_____	_____	_____
Kidney Disease, Failure	_____	_____	_____
Diabetes Mellitus	_____	_____	_____
Cancer	_____	_____	_____
Arthritis, Rheumatoid Problems	_____	_____	_____
Other	_____	_____	_____

Allergies to Medicine list all: _____

Are you allergic to Latex _____

Medications, including OTC meds, aspirin, vitamins, diet aids & herbal supplements

Surgical Procedures list all:

Do you smoke now, or in the past? How many packs a day and how many years?

Do you have any past or present history of alcohol or drug use? What, how much?

Have you consulted with any attorneys, chiropractors or other physicians? Who?
