

# Welcome

To the office of John Minoli, M.D., F.A.C.S., P.C.

Board Certified: American Board of Plastic Surgery,  
American Board of Facial Plastic & Reconstructive Surgery,  
American Board of Otolaryngology (ENT)

## About You

Date: \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # (optional): \_\_\_\_\_

I understand there is a \$150 consultation fee today \_\_\_\_\_ (Initial)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I'd like to be called: \_\_\_\_\_

Marital Status: M S D W Other Spouse/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

## Telephone Information

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Referral Source: \_\_\_\_\_ Patient Referral Name: \_\_\_\_\_

Desired Procedure(s): \_\_\_\_\_

\*I acknowledge there will be a \$50 injection fee for leftover product \_\_\_\_\_ (Initial)

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pN7DPG \_\_\_\_\_

Twitter <https://twitter.com/DrJohnMinoli>

Google+ <https://plus.google.com/u/0/115173924138664024580/posts>



**Medical History**

Specific Problem(s) for which you are seeking consultation: \_\_\_\_\_

\_\_\_\_\_

Is the problem for which you are seeking consultation related to an accident or an injury? If so please explain. \_\_\_\_\_

Current General Health (check one)      \_\_\_\_\_ Good      \_\_\_\_\_ Fair      \_\_\_\_\_ Poor

Height \_\_\_\_\_      Weight \_\_\_\_\_

Weight gain or loss in the past year. \_\_\_\_\_ lbs.      \_\_\_\_\_ Loss      \_\_\_\_\_ Gain

When was your last physical examination?

\_\_\_\_\_

Name and Address of Physician:

\_\_\_\_\_

Serious Illness: (Please list all: Cardiac Disease, Diabetes, Hypertension or any other disease(s) or conditions(s):

\_\_\_\_\_

Previous Surgery (including chemical peels):

\_\_\_\_\_

Have you had significant complications or after effects from any of these operations? If so please explain.

\_\_\_\_\_

**Review of systems (Please circle those that are applicable to you):**

Skin disease	Eye, Ear, Nose, Throat	Thyroid	Palpitations
Diabetes	Shortness of Breath	Chronic coughs	Asthma
Chest Pain	Heart Murmur	High/Low Blood Pressure	Rheumatic Fever
Anemia	Bleeding Tendencies	Arthritis, Joint Pain, Muscle Pain	
Psychiatric	Tuberculosis	Hepatitis	HIV
Headaches	Kidney/ Bladder infections	Gynecological Disorders	Liver

What is your approximate daily consumption of the following?

\_\_\_\_\_ Tea/Coffee \_\_\_\_\_ Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_ Marijuana \_\_\_\_\_ Recreational Drugs

List all **Medications** you are currently taking and their dosages:

Cortisone, Prednisone, ACTH, Other Steroids

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Sedatives, Sleeping Pills, Tranquilizers

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Blood Pressure regulators

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Digitalis, Nitroglycerine, Cardiac/ Heart Drugs

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Aspirin, Other Pain Medication, Coumadin, Heparin

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Birth control pills, Hormones

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Appetite suppressants (including Phen-Fen)

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Herbal preparations, Homeopathic preparations, Vitamins, Minerals

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Other

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Any Known **Allergies?** (Drug or other): \_\_\_\_\_

(Also, Please circle if any below are applicable as allergies):

Penicillin	Other Antibiotics	Xylocaine
Codeine	Aspirin	Tetanus Toxoid
Adhesive Tape	Other	

Significant **Family History** (Give age if living, or age and cause of death):

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Is there an immediate (i.e., someone related by blood) family history of any of the following (Please circle):

Heart trouble	Stroke	Bleeding Tendency
Keloid Formation	Diabetes	Cancer
High Blood Pressure	Other	

Please circle some of your interests:

-Animals	-Music (Circle: Rock & Roll, Jazz, Classical, Opera)
-Art	-Poetry

- Cooking
- Crafts
- Dining Out
- Fishing
- Hiking
- Home Improvement
- Movies
- Museums

- Reading (Circle: Fiction, Non-Fiction, Philosophy Self-Help, Spiritual)
- Sailing
- Science
- Sports
- Television
- Theater
- Travel
- Writing

## Skin Type Assessment

<b>Genetic Disposition</b>					
Score	0	1	2	3	4
What is the color of your eyes?	Light blue, Gray, Green	Blue, Gray or Green	Blue	Dark Brown	Brownish Black
What is the natural color of your hair?	Sandy Red	Blonde	Chestnut/Dark Blond	Dark Brown	Black
What is the color of your skin (non exposed areas)?	Reddish	Very Pale	Pale with Beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	none
Total score for Genetic Disposition: _____					

<b>Reaction to Sun Exposure</b>					
Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To What degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
Total score for Reaction to Sun Exposure: _____					

Tanning Habits					
Score	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp/tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always
Total score for Tanning Habits: _____					

Add up the total scores for each of the three sections for your Skin Type Score.

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
25-30	IV
over 30	V-VI

What skin care products do you use?

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How do you protect your skin from ultraviolet sun exposure?

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Would you like to know what Dr. Minoli would recommend for your skin type? Y / N

**I understand that the information is correct to the best of my knowledge & that providing incorrect information can be dangerous to my health. I understand it will be held in the strictest of confidence & only be used to improve communication between Dr. Minoli & myself. I also give permission for Dr. Minoli to use any photos or models he may take to be used for lecturing, educational & commercial purposes.**

Signature \_\_\_\_\_ Date \_\_\_\_\_