**PATIENT REGISTRATION**

**Raad Taki, M.D.**
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Tucson, AZ 85712
(520) 881-3232

| Patient's Last Name | First Name | | Middle |
|---|---|---|---|
| - - | / / | | ( ) |
| Social Security Number | Date of Birth | **Email Address** | Cell Phone ( ) |
| Address – Street, Apt # | City/State | Zip Code | Home Phone ( ) |
| Employed By | Occupation | Employer's Address | Bus. Phone ( ) |
| Nearest Relative or Friend | Relationship to Patient | Phone | |

**Reason for Consultation:** _____

**Referred By:** _____

Height _____ Present Weight _____ Marital Status ☐ Married ☐ Single ☐ Other

Do you smoke? ☐ Yes ☐ No If yes, how much _____

Are you allergic to any medications? ☐ Yes ☐ No If yes, comment _____

Please list **all** medications you are now taking (including birth control pills, diuretics (water pills), blood pressure or heart medications, tranquilizers, hormones, steroid medications, cortisone, blood thinners, aspirin, bufferin, etc.) _____

| | | |
|---|---|---|
| Have you ever had a REACTION to a GENERAL anesthetic? (Being put to sleep) | ☐ Yes | ☐ No |
| Have you ever had a REACTION to a LOCAL anesthetic? (Example Novocain, etc.) | ☐ Yes | ☐ No |
| Have you ever had a problem with your heart or lungs? | ☐ Yes | ☐ No |
| Have you ever had any excessive bleeding problems? | ☐ Yes | ☐ No |
| Have you ever had psychiatric care? | ☐ Yes | ☐ No |
| Have you seen other plastic surgeons about the SAME problem which brings you here? | ☐ Yes | ☐ No |
| Do you have high blood pressure? | ☐ Yes | ☐ No |
| Do you have diabetes? | ☐ Yes | ☐ No |
| Do you form heavy scars? | ☐ Yes | ☐ No |
| Do you have a personal or family history of breast cancer? | ☐ Yes | ☐ No |

Have you ever been pregnant? ☐ Yes ☐ No How many children do you have? _____ Could you be pregnant? _____

**PREVIOUS SURGERY** (Please list)

| Operation | Year | Complications, if any |
|---|---|---|
| | | |
| | | |

**Signature:** _____ **Date:** ___/___/___