WILLIAM D. LOSQUADRO, MD
Facial Plastic & Reconstructive Surgery

MKMG
MOUNT KISCO MEDICAL GROUP PC

Reason for Visit and Referring Physician

_____

_____

Medical History

Heart disease	Seizures	Asthma	Arthritis	Hearing loss
High blood pressure	Stroke	Thyroid disease	Osteoporosis	Vertigo
High cholesterol	Depression	Hemophilia	Liver disease	Glaucoma
Diabetes	Anxiety	Anemia	Kidney disease	Cancer (list type)

_____ _____

_____ _____

_____ _____

Surgeries

_____ _____

_____ _____

Medications

_____ _____

_____ _____

_____ _____

Allergies (medications)

_____ _____

_____ _____

Family History

Heart disease	Seizures	Asthma	Arthritis	Hearing loss
High blood pressure	Stroke	Thyroid disease	Osteoporosis	Vertigo
High cholesterol	Depression	Hemophilia	Liver disease	Glaucoma
Diabetes	Anxiety	Anemia	Kidney disease	Cancer

Social History

Tobacco: _____ packs/day for _____ years. Quit _____ years ago.

Alcohol: Never / Occasionally / _____ drinks/day. Heavy use in the past: Y / N

Recreational Drugs (please list) _____