

## Excision Pre-Operative Health Questionnaire

Please fill out and see instructions on last page.

Your Appointment is scheduled with \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

Name	Age	Today's Date
_____	_____	_____
Phone Number	Height	Weight
_____	_____	_____

In order that we may better understand your entire health picture, we ask that you fill in this form about the state of your health at the present time.

**Dentures:**  Yes  No

Please list any current **Allergies:**

Are you currently taking any of the following medications:

Medication	Yes	No	Date Last Taken	Medication	Yes	No	Date Last Taken
Coumadin	<input type="checkbox"/>	<input type="checkbox"/>	_____	Steroids	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insulin	<input type="checkbox"/>	<input type="checkbox"/>	_____	Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	_____	Vitamin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Digoxin	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Other medications, drugs, or vitamins you are taking at the present time (please list):				_____			

Do you have or have you ever had any of the following conditions (please check):

Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	High blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart trouble (disease)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Kidney trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart trouble (surgery)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bleeding tendencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rheumatic Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Embolism	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Blood transfusion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prosthetic joint or valves	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pacemaker / defibrillator	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History of MRSA infection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glaucoma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other:	_____	

## MEDICATION PRECAUTIONS

### FOR SKIN SURGERY PATIENTS

Many medications (both prescription and non-prescription) can inhibit the blood's ability to clot and may increase the tendency to bleed during surgery and the post-operative period. Many of these medications are anti-arthritic, anti-rheumatoid, anticoagulant or circulation medications. Most of these medications contain aspirin or ibuprofen. If you are currently taking any of these medications, please contact our office at 874-3444 to speak with a nurse about your medications.

**Please contact your primary physician prior to discontinuing any PRESCRIPTION or OVER-THE-COUNTER DOCTOR ORDERED medication (i.e. coumadin, aspirin).** Inform your doctor of your scheduled surgery and ask if and when to stop your medication. He / she may also inform you when to resume the medication post-op.

If you are taking any non-prescription medications that were not ordered by a doctor (i.e. over the-counter anti-inflammatory medications) that may increase your tendency to bleed, we would like you to discontinue them 2 weeks prior to your surgery.

**A list of common medications that contain aspirin or can increase your tendency to bleed may be found on the next page.**

Note: If you need minor pain medication, please take Tylenol (acetaminophen). If you are allergic to acetaminophen or are unable to take it for other reasons, please notify us to arrange for a suitable substitute.

The following is a list of common medications that increase your tendency to bleed:

- Advil (Ibuprofen)
- Alcohol
- Aleve (naproxen)
- Alka Seltzer
- Anacin
- Anaprox (naproxen)
- Ascriptin
- Aspirin
- B.A.C.  
(butalbital / aspirin / caffeine)
- Buffer Cataflam  
(diclofenac / potassium)
- Children's Aspirin
- Clinoril (sulindac)
- Cogesprin
- Coumadin (warfarin)
- Daypro (oxaprozin)
- Diorinal  
(butalbital / aspirin / caffeine)
- Disalcid (salsalate)
- Doan's Pills
- Dolene (propoxyphene /  
aspirin / caffeine)
- Dolobid (diflunisal)
- Doraphen Compound  
(propoxyphene / aspirin /  
caffeine)
- Doxaphene Compound  
(propoxyphene / aspirin /  
caffeine)
- Dristan
- Easprin
- Ecotrin
- Empirin
- Excedrin
- Feldene (piroxicam)
- Fiorinal  
(butalbital / aspirin / caffeine)
- Fiortal Caps  
(butalbital / aspirin / caffeine)
- Four-Way Cold Tabs
- Halfprin (aspirin)
- Ibuprofen
- Indocin (indomethacin)
- Iodine (etodolac)

- Isollyl Improved (butalbital / aspirin / caffeine)
- Lortab ASA (hydrocodone / aspirin)
- Marnal (butalbital / aspirin / caffeine)
- Meclome (meclofenamate)
- Medipren (ibuprofen)
- Midol
- Mono-Gesic (salsalate)
- Motrin (ibuprofen)
- Nalfon (fenoprofen)
- Naprelan (naproxen)
- Naprosyn (naproxen)
- Naprosyn (naproxen)
- Norgesic (orphenadrine / aspirin / caffeine)
- Nuprin (ibuprofen)
- Ordis (ketoprofen)
- Oruvail (ketoprofen)
- Pamprin IB (ibuprofen)
- Panwarfin (warfarin)
- Percodan (oxycodone / aspirin)
- Percodan-Demi (oxycodone / aspirin)
- Persantine (dipyridamole)
- Plavix Tabs (clopidogrel bisulfate)
- Ponstel (mefenamic acid)
- Relafen (nabumetone)
- Robaxisal (aspirin / methocarbamol)
- Roxiprin (oxycodone / aspirin)
- Salflex (salsalate)
- Sine Aid
- Sine Off
- Soma Compound (aspirin / carisoprodol)
- Talwin Compound (aspirin / pentazocine)
- Tegretol (carbamazepine)
- Ticlid (ticlopidine)
- Tolectin (tolmetin)
- Toradol (ketorolac)
- Trental (pentoxifylline)
- Trigesic (acetaminophen / aspirin / caffeine)
- Trilisate (choline / magnesium / trisalicylate)
- Vanquish (butalbital / aspirin / caffeine)
- Vitamin E Supplements
- Voltaren (diclofenac)
- Warfarin
- Zorprin (aspirin)
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Mahalo for taking the time to complete our form.

Please download and save this form with your changes and either:

- email it to [info@RDMaui.com](mailto:info@RDMaui.com)
- or print and mail it to Reisenauer Dermatology at the address below.
- or print and bring it to your appointment.