Peter Brownrigg MD. F.R.C.S.(C)
Cosmetic and Reconstructive
Facial Plastic Surgery
Otolaryngology

Carling Executive Park
1525 Carling Avenue, Suite 608
Ottawa, Ontario K1Z 8R9
Tel. (613) 724-1214
Fax (613) 724-1240
www.drpbrownrigg.ca

Name:_____ **Age:**_____

Date Of Birth:_____ **(Year/ Month/ Day)**

Health Number #:_____ **Version code**_____

Home Address:_____

City:_____**Province:**_____**PostalCode:**_____

Home Telephone : _____

Work Telephone_____

Cell Phone:_____

E-mail Address_____

Would you like to join our seasonal newsletter YES / NO

General Questions:

1. Family Physician: _____

2. Reason for Visit: _____

3. Have you had a previous cosmetic Surgeon's opinion regarding today's consultation?
If Yes, Surgeon's Name:_____

4. List any medications you are currently taking:_____-
_____
_____
_____

5. List any medical conditions, and previous operations._____
_____

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6. List any drug allergies _____

7. Are you presently, or have you ever been under the care of a psychiatrist?
Yes____ No _____

8. Do you smoke tobacco products regularly? Yes_____ No _____

9. Do you have a history of any of any of the following medical conditions?

Diabetes	Yes/ No	Phlebitis	Yes/No
High Blood Pressure	Yes /No	Malignant Hyperthermia	Yes/No
Heart Disease	Yes/ No	Anesthesia Problems	Yes/No
Bleeding/Clotting		Sleep Apnea	Yes/ No
Disorders	Yes / No		

10. How often do you take aspirin (ASA)?

_____

11. How did you hear about us?

_____

Signature:_____Date:_____