

# RUSSELL B. STOKES, MD

A Medical Corporation

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## Personal Health History

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List any medical conditions you are currently being treated for: \_\_\_\_\_

Who is your primary care physician? \_\_\_\_\_

### Do you have any of the following? (Please circle if you have)

#### Please explain

vision loss	_____
'dry' eyes	_____
previous eye or eyelid surgery	_____
wear corrective lenses or contacts	_____
difficulty breathing through nose	_____
previous nasal injury	_____
previous nasal surgery	_____
nose bleeds	_____
radiation treatment to the head or neck	_____
facial paralysis or weakness	_____
facial skin problems	_____
previous cosmetic facial surgery	_____
heart attack	_____
heart problems of any kind	_____
high blood pressure	_____
diabetes	_____
lung disease of any kind	_____
stroke	_____
breast disease of any kind (including cancer)	_____
family history of breast cancer	_____
history of psychiatric treatment of any kind	_____
liver, kidney or bladder problems	_____
spinal or back problems	_____
history of bleeding problems	_____
autoimmune disease of any kind (lupus, etc.)	_____
stomach or digestive problems	_____
thyroid problems	_____
any unusual scarring or keloids	_____

Is there any chance you could be pregnant? No \_\_\_ Yes \_\_\_

Do you have any allergies to any medications? No \_\_\_ Yes \_\_\_

Do you have any other allergies (i.e. latex)? No \_\_\_ Yes \_\_\_

Do you currently smoke? Yes \_\_\_ No \_\_\_

Have you ever smoked? Yes \_\_\_ No \_\_\_

If so: when did you quit? \_\_\_ How long and how much did you smoke? \_\_\_\_\_

How many alcoholic drinks do you consume in an average day? \_\_\_

Is there anything else about your medical history that the doctor should be aware of? \_\_\_\_\_

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