

Mouchantat Plastic Surgery, P.C.
drmouchantat.com
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Have you had any of the following in the recent days or weeks?

Weight loss/gain	Yes/No	Abdominal pain	Yes/No
Fatigue	Yes/No	Nausea/vomiting	Yes/No
Fever/Chills	Yes/No	Urinating pain or problem	Yes/No
Exposure to TB	Yes/No	Constipation	Yes/No
Exposure to HIV	Yes/No	Heartburn/reflux	Yes/No
Skin Rashes	Yes/No	Bleeding problems	Yes/No
New or changing mole	Yes/No	Unusual bruising	Yes/No
Itching	Yes/No	Blood clots/DVT/PE	Yes/No
Breast lumps	Yes/No	Family history of DVT/PE	Yes/No
Breast tenderness	Yes/No	Muscular weakness	Yes/No
Nipple discharge	Yes/No	Joint pain	Yes/No
Headaches	Yes/No	Muscle pain	Yes/No
Difficulty hearing	Yes/No	Muscle cramps	Yes/No
Vision problems	Yes/No	Loss of balance	Yes/No
Nasal discharge	Yes/No	Numbness or tingling	Yes/No
Nose bleeds	Yes/No	Tremor	Yes/No
Difficulty swallowing	Yes/No	Fainting	Yes/No
Neck stiffness/ pain	Yes/No	loss of coordination	Yes/No
Chest pain	Yes/No	Anxiety	Yes/No
Shortness of breath	Yes/No	Depression	Yes/No
Cough	Yes/No	Hallucinations	Yes/No
Loss of appetite	Yes/No		

Additional comments to explain:

I attest that the information is accurate and complete.

Signature: _____