

# BASSIN CENTER — FOR PLASTIC SURGERY —

Dr. Roger Bassin

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## **Medication/Food/Environmental Allergies**

Please list ALL Medication allergies and ALL food or environmental allergies

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## **Current Over the Counter and Prescription Medication List**

Please list all current medications, both over the counter and prescriptions you are currently taking along with the frequency and dose

Name of Medications	Purpose	Dose	How often
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **Current Vitamins, Minerals, and Herbal Supplements List**

Please list all current vitamins, minerals, and herbal supplements you are currently taking along with the frequency and dose

Name of Supplement	Purpose	Dose	How often
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Do not write below this line

HPI:

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