



BOULDER VALLEY  
**PLASTIC  
SURGERY**

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BOULDER, CO 80302  
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JEFFREY T. SWAIL, M.D., F.R.C.S.(C)

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Present Illness: \_\_\_\_\_

Past Medical History; General Health: \_\_\_\_\_

Surgery History \_\_\_\_\_

Fractures: Trauma: \_\_\_\_\_

Bleeding Problems: \_\_\_\_\_

High Blood Pressure: \_\_\_\_\_

Significant Illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_ Penicillin Allergy : \_\_\_\_\_

All medications currently being taken: \_\_\_\_\_

Habits: Smoking: \_\_\_\_\_ Alcohol: \_\_\_\_\_ Aspirin: \_\_\_\_\_

Do you, or have you experienced any problems in the following areas:

Head & Neck: \_\_\_\_\_

Ear, Nose, & Throat: \_\_\_\_\_

Heart & Lungs: \_\_\_\_\_

Intestinal: \_\_\_\_\_

Urinary: \_\_\_\_\_

Skin: \_\_\_\_\_

Cold Sores: \_\_\_\_\_

Have you experienced? A prolonged cough for more than 3 weeks? \_\_\_\_\_

Night sweats or excessive chills? \_\_\_\_\_