



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

# Preoperative Patient Information



**Please fill out the following before surgery.**

**Drug Reactions/Allergies/Latex Sensitivity**

Some patients are allergic to medications such as penicillin. Others may get nausea/vomiting from narcotics like codeine, morphine, Demerol®, Vicodin®, and Percocet®.

Please list any known drug allergies, reactions, or sensitivities.

Medicine Name                      Type of Reaction/Allergy

- 1.
- 2.
- 3.
- 4.

\_\_\_\_\_ I do not have any known drug allergies, reactions, or latex sensitivity.

**Prescription Medications**

Please list all prescription medications that you are taking.

- 1.
- 2.
- 3.
- 4.

\_\_\_\_\_ I am currently not taking any prescription medications.

**Nonprescription Medications/Dietary Supplements/Vitamins/"Herbs"/Minerals**

Many patients take nonprescription medicines. These include aspirin and anti-inflammatories (Advil®, Motrin®, Aleve®). They can also include others like dietary supplements, vitamins, "herbs," or minerals. These may cause bleeding during or after surgery. They may also react with other prescription medications. If you are taking any such items, please list them below. Stop using them for at least 10 days before and after surgery.

- 1.
- 2.
- 3.

\_\_\_\_\_ I am currently not taking any nonprescription medications.

**Smoking, Secondhand Smoke Exposure, Nicotine use**

Patients who smoke or use tobacco or nicotine products (patch, gum, or nasal spray) are at risk of surgical problems. This includes skin death and delayed healing. The same is true for people exposed to secondhand smoke or other nicotine products. Smoking can negatively affect recovery from anesthesia. It can cause coughing and increased bleeding. People who are not exposed to nicotine are at a lower risk of these problems. Please mark your current nicotine use below:

\_\_\_\_\_ I am a nonsmoker and do not use nicotine products.

\_\_\_\_\_ I am a smoker and use tobacco or nicotine products. I know this may cause surgical complications.

\_\_\_\_\_ I used to smoke. I stopped about \_\_\_\_\_ ago. I know I may still have problems from smoking if not enough time has lapsed.

Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_