



**Wellesley  
Cosmetic  
Surgery**

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## Patient Questionnaire

*Please check yes or no for each question*

- Yes  No 1. Do you have any allergies to medications? Which medications and what is the reaction?  
\_\_\_\_\_
- Yes  No 2. Do you smoke? How much? \_\_\_\_\_
- Yes  No 3. Do you have a latex allergy? Are you allergic to eggs? Are you allergic to soybean oil?
- Yes  No 4. Do you drink alcohol? If yes how, much? \_\_\_\_\_
- Yes  No 5. Do you or anyone in your family have problems with anesthesia such as fevers, not waking up easily, or history or malignant hyperthermia?
- Yes  No 6. Have you taken steroids or prednisone within the last year?
- Yes  No 7. Do you have high blood pressure or are you being treated for high blood pressure?
- Yes  No 8. Do you have a history of angina, chest pain or chest pressure?  
If yes, how often does it occur? \_\_\_\_\_  
Does it radiate?  Yes, from \_\_\_\_\_ to \_\_\_\_\_  No  
Do you take nitroglycerin to relieve the pain?  Yes  No  
If yes how many does it take? \_\_\_\_\_  
If no, what do you do to obtain relief? \_\_\_\_\_
- Yes  No 9. Have you had a heart attack? If yes, when \_\_\_\_\_
- Yes  No 10. Do you have palpitations?
- Yes  No 11. Do you have asthma? If yes, have you ever had to go to the ER?  Yes  No  
If yes, when? \_\_\_\_\_
- Yes  No 12. Have you had hepatitis? If yes, what type? \_\_\_\_\_
- Yes  No 13. Do you have neurological problems such as a history of seizures, history of stroke, history of passing out, any numbness, tingling, or weakness anywhere in the body?
- Yes  No 14. Do you have any heartburn or reflux problems?
- Yes  No 15. Do you bleed or bruise easily?
- Yes  No 16. Have you had a blood transfusion?
- Yes  No 17. Do you have diabetes? If yes, for how long? \_\_\_\_\_
- Yes  No 18. Do you take insulin?
- Yes  No 19. Are you or could you be pregnant?
- Yes  No 20. Do you have dentures, caps, bridges, false teeth or loose teeth?
- Yes  No 21. Do you have any other problems of which we should be aware? If yes, please describe below:  
\_\_\_\_\_

Certified by the American  
Board of Plastic Surgery

Facility accredited by the Joint  
Commission on Accreditation  
of Healthcare Organizations

There is a \$75 consultation fee. Your appointment needs to be secured with a valid credit card. In case of a no show, your card will be charged a full consultation fee. If you cancel your appointment ahead of time, your card will not be charged.