

## ABOUT DR. DAVID RANKIN-

Cosmetic and reconstructive surgery is where "art" and "science" blend to combine intuition, creativity and artistic sense with extensive surgical training, discipline and medical knowledge.

Dr. Rankin is a Board Certified Plastic and Reconstructive Surgeon specializing in cosmetic surgery and upper extremity surgery. He also has specialized training in reconstructive surgery for birth defects, traumatic injuries and deformities from cancer including microsurgery and breast reconstruction.

Dr. Rankin is committed to fully educating his patients about their individual procedures and will spend the time necessary to discuss all possible techniques and alternatives. His goal is to provide exceptional and natural appearing results on a consistent basis. He is privileged to have a diverse patient base from all parts of the United States and from numerous countries around the world.

In his quest to insure that his patients receive the benefit of the latest technologies and advances in cosmetic and reconstructive surgery, Dr. Rankin routinely attends seminars, training and continuing medical education **courses.** 

Name:	SS#:			Date:	
Street Address					
City	State	Zip			
Birthday:	Age	Sex	Height	Weight	
	Home phone				
	notifyRelationship				
Telephone					
Eman					
May we send you ema May we request you o	il including news a	nd specials al	oout the practice	e? Yes No	
May we send you ema	il including news and facebook? Yes N	nd specials al	•		
May we send you ema May we request you o Family Doctor:	iil including news an n facebook? Yes N	nd specials aloo  Location	•		
May we send you ema May we request you o	il including news an facebook? Yes N	nd specials aloo  Location			

How were you referred to our office?

What is reason for your visit today? (Your concerns are very important to us. Please describe any concerns you would like the doctor or staff to discuss with you today)

Have you consulted with any other physician about this? If yes, whom?

List any Allergies you	ı have:				
List past & current Me	edical Problems:				
Describe all prior <b>Hos</b>	pitalizations & dates:				
Past Surgical History List any Surgeries you have had & dates:					
Social History Do you smoke? Yes Did you smoke in the p Do you drink alcohol? you take drugs not pres	oast? Yes No	If yes, how many cigaret If yes, how many for how If yes, how many drinks No	v long?		
Past/Current MediAnxietyArthritisAsthmaBleeding ProblemBladder ProblemBlood ClotsBruise EasilyCancerDiabetesDepression	Embolism Ear Problem	Stroke Thyroid Problem Keloids Kidney Problem Liver Problem	Endocrine Disorder Psychiatric Breast Problem Intestinal Problem Muscle Disorder Bone Disorder Fractures		
Fever/ChillsSort ThroatCough	NS:  wing that you have had re Pain RednessSwelling		Weight Loss Vision Changes Feeling Tired		
		ophic or keloid scarring?	Yes No		
If you were injured, did it occur at work?					
Family History Is there any history of	medical problems in you	r family? (For women, ple	ase include any history		

of breast cancer or disease)

List all **Medications** you currently take including **Herbal Supplements**/vitamins?

XPatient Signature or Legal Representative	 Date
I have reviewed a copy of Dr. Rankin's Notice of Priva (If you desire a printed copy of the notice, please notify	
Notice of Privacy Practices Acknowledgemen	<u>nt</u>
Laser Tattoo Removal Laser Skin Resurfacing Laser Skin Tightening Laser Photofacials (Pigment Removal/IPL) Laser Vein Removal Acne Treatments Skin Care Products	Levelash Enhancement  Permanent Make-up  Peels or Facials  Scar Revisions  Vibradermabrasion (Microdermabrasion)  Juvederm  Sculptra  Restylane  Radiesse
Past Anesthesia History Have you had <b>Anesthesia</b> in the past? Yes No Describe any problems?	What type of anesthesia? Local General
Have you had Radiation Therapy and/or Chemo	Therapy in the past? (please describe) Yes No
Are you pregnant or possibly pregnant? Yes # of pregnancies # of children Do you have any history of breast disease or breast Do you have any acute or chronic Breast Pain, Lu What was the date and findings of your last mamn	st cancer? Yes No mps, Discharge? Yes No