Armando Soto MD, FACS

Aesthetic Enhancements Plastic Surgery and Laser Center

Patient's Full Name: _____ **DOB:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____

Work: _____

Cell: _____

Preferred method of contact: ☐ **Home** ☐ **Work** ☐ **Cell**

Email: _____

Is it okay to text message you appointment reminders, etc? ☐ **Yes** ☐ **No**

SSN(Last 4): _____ **M** or **F**

Employer/Occupation: _____

Emergency Contact: _____ Relationship:_____

Contact Phone: _____

What are your aesthetic goals?

_____

_____

_____

How did you hear about Dr. Soto and Aesthetic Enhancements Plastic Surgery and Laser Center?

_____

_____

The provided personal health information is complete, accurate, current and is true to the best of my knowledge.

_____ _____

Patient Signature Date

This information has been reviewed by _____MD

This information has been reviewed by _____APRN

Family Physician: _____ Phone: _____

Past Medical History: Please list all illnesses you have experienced in the past that required a physician's care

_____
_____
_____
_____

Past Surgical History: Please list all operations and minor procedures you have had

_____
_____
_____

Have you or anyone in your family ever had serious **problems with anesthesia**? **Y N**

Have you ever experienced a **deep vein thrombosis, blood clot, or pulmonary embolism? Y N**

Have you ever been told that you have a **blood clotting disorder**? **Y N**

Allergies to Medications:

_____
_____
_____

Reactions to allergies:

_____
_____
_____

Please list ALL medications, including vitamins, supplements, and medicinal patches you use or take:

_____
_____
_____

Are you now, or have you EVER been a smoker? **Y N**

If so, how many years total in your life? _____

When smoking, how much did you smoke per day? _____

When was the last time you had a cigarette? _____

Are you pregnant or nursing? **Y N**

Do you have a family history of breast cancer? **Y N**

If so, who in your family was affected? _____

When was your last mammogram?

_____

What were the findings?

_____

_____

_____

Are there any other illnesses that seem to run in the family?

_____

_____

_____

Please check any condition that applies to you now, or that applies to your past:

Surgical complications:

- ☐ Delayed healing
- ☐ Complications of Anesthesia
- ☐ Infection
- ☐ Blood clots
- ☐ Excessive bleeding
- ☐ Nausea and Vomiting

HEENT:

- ☐ Dryness of the eyes
- ☐ Difficulty breathing through nose
- ☐ Double vision
- ☐ Recent head trauma
- ☐ Environmental Allergies
- ☐ Changes in vision
- ☐ Difficulty closing eyes

Cardiovascular System:

- ☐ Irregular heartbeat
- ☐ Heart attack
- ☐ Murmur
- ☐ High blood pressure
- ☐ Stroke
- ☐ Peripheral artery disease

Pulmonary System:

- ☐ Asthma
- ☐ Bronchitis
- ☐ Tobacco Use
- ☐ Shortness of breath

GI System:

- ☐ Liver Disease
- ☐ Ulcers
- ☐ GI disease

GU:

☐ Bladder problems ☐ Kidney Problems ☐ Genital tract problems

☐ Recent pregnancy

Neuro-Psychiatric: Please describe any neurological or psychiatric problem you have required a physician for in the past:

_____

_____

Hematologic:

☐ Bruise easily ☐ Difficulty stopping bleeding from minor trauma

☐ Blood Clotting Disorder ☐ Spontaneous bleeding ☐ Other blood disorders

Endocrine:

☐ Diabetes ☐ Thyroid disease ☐ Breast disease

Skin:

☐ Cold Sores ☐ Shingles ☐ Other

If you are here for skin care, please answer the following questions.

Areas of concern: ☐ Age Spots / Sun Damage ☐ Fine Lines / Wrinkles

☐ Scarring ☐ Volume Loss ☐ Loose Skin

☐ Excessive Sweating ☐ Under Eye Darkness ☐ Local Excess Fat

☐ Other: _____

Have you EVER had Botox and/or Filler injections? **Y N**

If yes, how long ago? _____

Where were you lasted treated? _____

Are you currently an Allē member? **Y N**

If yes, please provide your member ID and/or email associated with your Allē account:

_____

Are you currently taking any Anti-Inflammatories? **Y N**

If yes, what medication? _____

Patient Initials: _____

MALIGNANT HYPERTHERMIA QUESTIONNAIRE

Patient Name: _____

Please answer the questions below:	Yes	No
Do you have a personal or family history of unexpected death following general anesthesia or exercise?		
A personal or family history of Malignant Hyperthermia?		
A muscle or neuromuscular disorder?		
High temperature following exercise?		
A personal history of muscle spasm?		
Dark or chocolate colored urine?		
Unanticipated fever immediately following anesthesia or serious exercise?		
If there is a suspicious history, prior to surgery you will be sent for genetic and/or caffeine-halothane contracture testing for Malignant Hyperthermia.		

Patient Signature: _____ **Date:** _____

Reviewed by: _____ **Date:** _____

Patient Initials: _____

Late Arrival Policy

At Aesthetic Enhancements Plastic Surgery and Laser Center, we want all of our patients to have a comfortable, un-rushed, peaceful experience at each of their appointments, in which all of their needs and questions can be addressed.

Because we are often busy with a full schedule of patients, it can be very disruptive to the high quality care we wish to provide when patients present late for their scheduled appointment.

We therefore ask that if you are confronted by unexpected circumstances that will result in your arriving more than 15 minutes late for your appointment that you please call us and let us help either re-schedule your appointment or advise you how this may otherwise affect your schedule and our own.

Appointment Cancellation Policy

We reserve the right to cancel your appointment, with loss of deposits made, if you are more than 15 minutes late. We understand there may be times when you miss an appointment due to emergencies or obligations with work or family. Nevertheless, we encourage you to call at least 48 hours prior to your appointment to cancel or reschedule. Each time a patient misses an appointment without proper notice another is prevented from receiving care. Therefore, Aesthetic Enhancements Plastic Surgery and Laser Center reserves the right to collect the deposit placed for the missed/rescheduled appointment when proper notice is not given.

The doctors and staff at Aesthetic Enhancements Plastic Surgery and Laser Center truly appreciate your compliance and understanding with this policy so that we can continue to provide excellent medical care as well as excellent customer service.

_____ _____

Patient Signature Date

_____

Witness Signature

Patient Initials: _____

In addition to providing care at Aesthetic Enhancements, Dr. Soto has privileges at all Orlando Health Facilities.

Orlando Health Orlando Regional Medical Center - 52 W Underwood St, Orlando, FL 32806

Orlando Health Dr. P. Phillips Hospital - 9401 Turkey Lake Rd, Orlando, FL 32819

Orlando Health Medical Pavilion - Spring Lake - 7243 Della Dr, Orlando, FL 32819

Orlando Health Imaging Centers - 7243 Della Dr Floor 1, Suite C, Orlando, FL 32819

Orlando Health Medical Group Surgery - 9430 Turkey Lake Rd Suite 110, Orlando, FL 32819

Orlando Health Dr. P. Phillips Hospital Outpatient Rehabilitation at Dr. Phillips YMCA - 7000 Dr Phillips Blvd, Orlando, FL 32819

Orlando Health Winnie Palmer Center for Maternal Fetal Medicine - Spring Lake - 7243 Della Dr, Orlando, FL 32819

Orlando Health Imaging Centers - Spring Lake - 7243 Della Dr 1st floor, Orlando, FL 32819

Orlando Health Dr. P. Phillips Hospital Emergency Room - 9400 Turkey Lake Rd, Orlando, FL 32819

Orlando Health Heart Institute - 7243 Della Dr floor 1 suite b, Orlando, FL 32819

Orlando Health Dr. P. Phillips Hospital Outpatient Rehabilitation - 7350 Sand Lake Commons Blvd Suite 1105, Orlando, FL 32819

Orlando Health Physician Associates - 8793 Commodity Cir, Orlando, FL 32819

Orlando Health Arnold Palmer Hospital for Children Specialty Practice - Spring Lake - 7243 Della Dr 2nd Floor Ste. G, Orlando, FL 32819

Orlando Health Physician - 7243 Della Dr, Orlando, FL 32819

Orlando Health Cancer Institute - Dr. Phillips - 7472 Docs Grove Cir, Orlando, FL 32819

Orlando Health LabWorks - Spring Lake - 7243 Della Dr suite e, Orlando, FL 32819

Orlando Health Dr. P. Phillips Hospital Wound Care Center - 7339 Stonerock Cir, Orlando, FL 32819

Orlando Health Jewett Orthopedic Institute - Spring Lake (Dr. Phillips) - 7243 Della Dr Suite I, Orlando, FL 32819

Orlando Health Heart Institute - 7236 Stonerock Cir, Orlando, FL 3281

Orlando Health Physician Associates - 7243 Della Dr Suite M, Orlando, FL 32819

Orlando Health Physician Associates - 8793 Commodity Cir, Orlando, FL 32819

_____ _____

Signature Date Time

Patient Initials: _____