

DR. COLIN MCINNES

PLASTIC SURGERY

Hand / Peripheral Nerve / Trauma Consultation

Name: _____ Current date (D/M/Y): _____

Phone number: _____

Email address: _____

Age: _____

Height: _____ Weight: _____ BMI (office use only): _____

Occupation: _____

Which hand do you write with: LEFT | RIGHT

Which hand did you injure: LEFT | RIGHT

Which finger did you injure: THUMB | INDEX | MIDDLE | RING | SMALL

How many days ago was your injury: _____ (please be specific)

How did your injury occur? _____ (describe)

Current pain (out of 10): ____ / 10

Did the injury occur at work? YES | NO (WBC claim number: _____)

Have you ever injured your current hand before: YES | NO _____ (explain)

Do you have any allergies: YES | NO _____ (describe)

PLEASE SEE NEXT PAGE →

Do you/have you ever had any of the following: YES | **NO TO ALL**

Cancer YES | NO _____ (list)
Stroke / TIA YES | NO _____ (list)
Heart attack / heart condition YES | NO _____ (list)
Pacemaker YES | NO _____ (list)
High blood pressure YES | NO _____ (list)
Diabetes YES | NO _____ (list)
Blood clot (ie. DVT) YES | NO _____ (list)
Leg swelling YES | NO _____ (list)
Sleep apnea / CPAP machine YES | NO _____ (list)
Asthma / respiratory condition YES | NO _____ (list)
Kidney disease YES | NO _____ (list)
Eye disease/disorder YES | NO _____ (list)
Bleeding disorder YES | NO _____ (list)
Anemia YES | NO _____ (list)
Problems with anesthesia YES | NO _____ (list)
Psychiatric condition YES | NO _____ (list)
Blood born illness: YES | NO _____ (list)
Illicit drug use: YES | NO _____ (list)
Other: _____ (list)

Surgical history (list all surgeries including the dates):

Current Medications (please list all medications):

Blood thinners:

ASPIRIN | PLAVIX | WARFARIN | XARELTO (rivaroxaban) | FISH OIL | HERBAL SUPPLEMENTS

Steroids: _____ (list)

Diabetes medications: _____ (list)

Immune suppressing medications: _____ (list)

Others (including vitamins & supplements): _____ (list)

Do you smoke or vape: YES | NO | FORMER SMOKER

___cigarettes / day

___daily vape

___marijuana joints / day

Drinks per week (on average): _____ and

Please note, the use of fish oil and ANY herbal supplements can be associated with significant bleeding during and after surgery.

SIGNATURE: _____

DATE (D/M/Y): _____