

Patient Information

Name: _____

Address: _____ Is this the address you would like correspondence and billings sent to? **YES** **NO**

City: _____ State: _____ Zip: _____

Home Phone: _____ YES NO

Work Phone: _____ YES NO

Cell Phone: _____ YES NO

Email Address: _____ Would you like to join our promotion list for specials receiving info through email & text messages? **YES** **NO**
May we send you information via email? **YES** **NO**

Date of Birth: _____ SSN: _____

Marital Status: S M W D MALE FEMALE Race: Caucasian African American Hispanic Other

Occupation: _____ Name of Employer: _____

Emergency Contact: _____

Emergency Contact Phone #: _____ Relation: _____

Is there anyone you would like to authorize to discuss your medical information with? (make apts, test results, etc.)

Name(s): _____

REASON FOR TODAY'S VISIT: _____

How did you hear about our office? _____

Were you referred by a physician? Physician's Name: _____

Primary Care Physician: _____ Phone #: _____

Please check here if you would like us to submit your charges to your health insurance company and please provide us with a copy of your card & sign our insurance filing policy located on the back side of this sheet.
If your insurance policy is in someone else's name, please fill in the information below.

Name: _____ Date of Birth: _____

Address: _____ SSN: _____

City: _____ State: _____ Zip: _____ Phone: _____

Marital Status: S M W D Male Female Relation: Spouse - Parent - Guardian

Name of Employer: _____

I have answered the above information to the best of my knowledge.

Patient's Signature

Date

Health History

Name: _____

Age: _____ Height: _____ Weight: _____

Date of Last Physical: _____ Date of Last Chest X-ray: _____

Date of Last EKG: _____

Do you smoke or use tobacco? **YES NO** If yes, how much? _____ Have you used tobacco in the past? **YES NO**

Do you drink alcohol? _____ If yes, how much? _____

Asthma	YES	NO	Cold Sores/Herpes	YES	NO
Pulmonary Embolus	YES	NO	Emphysema	YES	NO
Pneumonia, Tuberculosis	YES	NO	Rheumatic Fever	YES	NO
Shortness of Breath	YES	NO	Anemia	YES	NO
Mental/Emotional Illness	YES	NO	Stroke/Dizziness	YES	NO
High Blood Pressure	YES	NO	Diabetes	YES	NO
Low Blood Pressure	YES	NO	Heart Attack	YES	NO
Convulsions/Epilepsy	YES	NO	Pacemaker	*YES	NO
History of Cancer	YES	NO	If yes, who is your cardiologist? _____		

Family History of Skin Cancer **YES NO** Which Family Member? _____

Do you have any other illness/medical conditions not mentioned above? _____
 Have you had: a flu shot? **YES NO** a pneumonia vaccine? **YES NO** a recent mammogram? **YES NO**
 65 Year & Older: Do you feel like you are at risk for falling? **YES NO**

Are you allergic to any medications? **YES NO** If yes, which ones? _____

Do you take any prescription medications? **YES NO** If yes, which ones? _____

Do you take aspirin? **YES NO** Do you take ibuprofen? **YES NO**
 Do you take any over-the-counter medications? **YES NO** If yes, which ones? _____

Do you take vitamins or herbals? **YES NO** If yes, which ones? _____

Have you had your wisdom teeth removed? **YES NO** Tonsils removed? **YES NO**

Please list any previous surgeries. _____

Did you experience any postoperative nausea following these surgeries? **YES NO**

FEMALES: Are you pregnant? **YES NO** Number of Pregnancies: _____ Number of Children: _____
 When was your last mammogram? _____

Breast Surgery Consultation Only: Bra Size: _____ Would like to be: _____
 Do you do self-exams on a regular basis? **YES NO**
 Is there a history of breast cancer in your family? **YES NO** If yes, Who? _____
 Do you have a history of breast problems (ie. cysts, bumps, etc.)? **YES NO**

I have answered the questions concerning my health to the best of my knowledge.

Patient's Signature _____

Date _____

**University Plastic Surgeons
1611 South Green Road
South Euclid, OH 44121**

Webview Registration

Accessing your Medical Information online

To access your medical information online navigate to <https://webview.mckesson.com/ACPSStroupCHS>

Unless otherwise specified, your username is the email address you provided.
Your default password is: stroup#1611

You will be prompted to change your password the first time you login. Your password will need to contain at least 1 number, 1 special character (!,*,&, etc) with a minimum password length of 6 characters.

Logging in

To log in:

1. Go to the Web page listed above.
2. In the Username field, type your user name.
3. In the Password field, type your password.
4. Click the Login button. The patient chart page appears.

To view your chart information once you log in:

On the left sidebar menu, click the item you want to view. The information appears in the center of the page.

Logging out and exiting

You should always log out of your online chart when exiting, especially if you are accessing the product from a shared or public computer.

To log out:

Click the Logout link that appears at the top left side of the page. The login screen will appear, verifying that you logged out successfully.

You will need to setup a security question & answer in case you lose your password. Please define those questions on the following page.

ADVANCED
CONCEPTS

IN PLASTIC SURGERY



○ *Member of: The American Society
of Plastic Surgeons*
▲ *The American Society
for Aesthetic Plastic Surgery*

Robert T. Stroup, Jr., M.D., FACS

We are looking forward to your visit with
Robert T. Stroup, Jr., MD, FACS

on _____ at _____

at the **Chardon** or **South Euclid** office.

If you are unable to keep your appointment
or should you have any questions,
please contact our office at (216) 691-4000.

If you are using health insurance to cover the cost of
your office visit, you will need to bring with you:

A Current Insurance Card

A Valid ID for the Insurance Card
(driver's license, state ID, etc.)

Your Insurance Co-Pay
(if you have one)

Completed Demographic Forms
(the two forms enclosed with this letter)

If you do not have the above information with you at
the time of the visit, the office visit will be \$100.00.

Thank you for calling and we look
forward to meeting you!