

# Medical History Form

Send this completed form to your coordinator at least 2 weeks before your surgery date. Your surgeon reviews it before your medical video consultation. Print and fill by hand, then scan or photograph and send to your Wellum coordinator on WhatsApp.

## 1. Patient identification

Full legal name	Date of birth (MM/DD/YYYY)	Sex assigned at birth	
Height	Weight	Phone (with WhatsApp Y/N)	Country & city of residence
Email	Emergency contact name + phone + relationship		

## 2. Procedure you're considering

Procedure(s) you're considering	Surgeon you've spoken with (if any)
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## 3. Allergies

Medication allergies (penicillin, sulfa, etc.) — list:

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Other allergies (latex, food, materials) — list:

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Have you or a family member ever reacted badly to anesthesia? Y / N — If yes, describe:

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## 4. Current medications & supplements

Include prescription, OTC, vitamins, herbs.

Medication / supplement	Dose	Frequency

## 5. Medical conditions

Check any condition you have or have had:

- Heart disease / hypertension
- Liver disease
- Bleeding disorder
- Autoimmune disease
- Hepatitis / HIV
- Diabetes
- Asthma / COPD
- Blood clots (DVT/PE)
- Sleep apnea
- Active infection
- Kidney disease
- Thyroid disorder
- Cancer (current or prior)
- Depression / anxiety
- Recent hospitalization

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## 6. Prior surgeries

Year	Type of surgery	Hospital / City	Complications? (Y/N)

## 7. Lifestyle

Smoking status

Never   Current — pack-years: \_\_\_\_\_   Former — quit year: \_\_\_\_\_

Alcohol — drinks per week:

If applicable, pregnancy status:

N/A   Pregnant   Trying to conceive

## 8. Goals & concerns

What are you hoping to achieve? Any specific concerns?

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## 9. Documents I'm sending with this form

- Recent lab results (CBC, metabolic panel)
- EKG (if cardiac history)
- Prior surgical reports
- Recent imaging (X-ray, MRI, CT)
- Clinical photos (for aesthetic procedures)
- Other medical records

## 10. Signature

I confirm the information above is accurate to the best of my knowledge.

Patient signature

Date

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