THE SELEM CENTER
OPHTHALMOLOGY & PLASTIC SURGERY

Joseph Selem, M.D.
Tel: 305.444.0221 • Fax: 305.444.0223

PATIENT HISTORY

Welcome to our office. We are committed to providing the best, most comprehensive care possible. We encourage you to ask questions. Please assist us by providing the following information. All information is confidential and is released only with your consent. Please fill in the blanks below the line.

GENERAL MEDICAL HEALTH

Diabetic	☐ Yes ☐ No	Respiratory Issues	☐ Yes ☐ No	Hepatitis B	☐ Yes ☐ No
Heart Disease	☐ Yes ☐ No	Stroke	☐ Yes ☐ No	Pregnant	☐ Yes ☐ No
High Blood Pressure	☐ Yes ☐ No	Thyroid-hypo	☐ Yes ☐ No	Depression	☐ Yes ☐ No
High Cholesterol	☐ Yes ☐ No	Thyroid-hyper	☐ Yes ☐ No	History of Keloids	☐ Yes ☐ No
Migraines	☐ Yes ☐ No	HIV	☐ Yes ☐ No		
History of Cancer	☐ Yes ☐ No	Hepatitis C	☐ Yes ☐ No		

Other_____

PAST SURGICAL PROCEDURES

Date	Type	Comments

FACIAL PROCEDURES

Date	Type	Comments

MEDICATIONS

Name of Medication	Amount	Times Per Day

ALLERGIES

FAMILY HISTORY

CORAL GABLES LOCATION
814 Ponce de Leon Blvd.
Suite 510
Coral Gables, Florida 33134

MIAMI LOCATION
3850 SW 87th Avenue
Suite 304
Miami, FL 33165

www.theselemcenter.com

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REVIEW OF SYMPTOMS

PLEASE CHECK ANY SYMPTOMS THAT YOU ARE EXPERIENCING NOW OR HAVE EXPERIENCED IN THE PAST.

Chest Pain	☐	Ulcers	☐	Paralysis	☐		
High Blood Pressure	☐	Currently Breast Feeding	☐	Stroke	☐		
Irregular Heartbeat	☐	Anemia	☐	Numbness or Tingling	☐		
Epilepsy or Seizures	☐	Bleed Easily	☐	Headache	☐		
Fainting	☐	Blood Clots	☐	Asthma	☐		
Fever or Chills	☐	Blood Transfusion	☐	Bronchitis	☐		
Heart Disease	☐	Joint Pain	☐	Shortness of Breath	☐		
Nausea, Vomiting, Diarrhea	☐	Limited Motion in Joints	☐	Wheezing	☐		
Unexpected Weight Loss or Gain	☐	Muscle Weakness	☐	Genitourinary Problems	☐		
Sinus Disorder	☐	Gastrointestinal Problems	☐				

Signature of Patient, Parent, Guardian or Personal Representative

Date

Please Print Name of Patient, Parent Guardian or Personal Representative

Relationship to Patient