RICHARD J. ZIENOWICZ, M.D., FACS
ASSOCIATE PROFESSOR OF SURGERY
PLASTIC AND RECONSTRUCTIVE
HAND AND MICROSURGERY

Patient Encounter Form

Patient Name: _____

Primary Care Physician Name: _____
PCP Phone Number: _____

Reason for Appointment: _____

Date and Location of Injury: _____

Alcoholic Beverages: Daily Weekly Socially
Do you Smoke? Yes No (if yes, how much _____)

Please check and identify any of the following conditions you are being (or have been) treated for:

Allergies: _____ **Asthma:** _____
Bleeding Tendency: _____ **Cancer:** _____
Diabetes: _____ **Epilepsy:** _____
Heart Disease: _____ **High Blood Pressure:** _____
Kidney Disease: _____ **Tuberculosis:** _____
Arthritis: _____ **Vascular Disease:** _____
Other: _____

Have you had any previous surgery? (Please list) _____
_____

Are you presently taking any medications? (Please list) _____
_____

Any other medical conditions not listed on this form? (Please list) _____
_____

Thank You!

2 DUDLEY STREET, SUITE 380 • PROVIDENCE, RI 02905 • (401) 453-0120 • FAX (401) 453-0198
e-mail: rzienowicz@lifespan.org