



# Lincoln Aesthetic Surgical Institute

BRYANLGH PHYSICIAN NETWORK  
2222 S 16th Street, Ste 430  
Lincoln, NE 68502  
Phone (402) 483-8530 Fax (402) 483-8531

Welcome to the Lincoln Aesthetic Surgical Institute. In order to expedite your visit today, we ask that you help fill out some basic information about yourself. Please fill out the below boxes as best you can. Circle any answers as appropriate.

## General History & Physical

Name: _____	Date of Examination: _____
Date of Birth: _____	Insurance Carrier: _____
Age: _____	Policy #: _____
Social Security Number: _____	
Gender: Female    Male	

Please describe the problem you are seeing Dr. Mitchell for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you referred by someone?:    Yes    No

If Yes, who referred you: \_\_\_\_\_

Past Medical History:

Heart Disease	Yes	No	_____
Lung Disease	Yes	No	_____
High Blood Pressure	Yes	No	_____
Diabetes	Yes	No	_____
Intestinal Problems	Yes	No	_____
Kidney or Liver Disease	Yes	No	_____
Ovary or Uterine Problems	Yes	No	_____
Bleeding Disorders	Yes	No	_____
Thyroid Disease	Yes	No	_____
History of Depression, Anxiety, or Psychosis	Yes	No	_____
History of Seizures	Yes	No	_____
History or Arthritis	Yes	No	_____
Other Conditions:			_____
			_____
			_____
			_____

