

Patient Medical Information

Fill in or correct all fields

Patient's Name _____

First

Middle

Last

Birthdate _____

Email: _____

Address _____

Street & Apt #

City

State

Zip

Home Phone _____

Mobile Phone _____

Best Phone to contact you: Home Mobile

Any restrictions for contacting you? No Yes

If yes, contact restrictions: _____

Patient's Employer _____

Occupation _____

Emergency Contact _____

Home Phone _____

Reason for Consultation: _____

How did you hear about us?

Magazine: Frisco Style Plano Profile McKinney Woman Southern Vanity Phone Book TV News Salon Web Other: _____

Friend/Relative: _____

Doctor: _____

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING CONDITIONS:

___ Abnormal Heart Condition

___ Prolonged Bleeding

___ Cold Sores

___ Diabetes

___ Corneal Abrasions

___ Cancer

___ High or Low Blood Pressure

___ Eye Surgery or Injury

___ Hemophilia

___ Blepharoplasty (eyelid surgery)

___ Fainting Spells/Dizziness

___ Herpes Simplex

___ Cataracts

___ Glaucoma

___ Hepatitis

Do you use tobacco products? Yes No

Do you wear contact lenses? Yes No

Have you ever experienced hyperpigmentation from an injury? Yes No

Are you currently taking aspirin or ibuprofen? Yes No

Are you allergic to aspirin? Yes No

List any medications you are currently taking (including Retin A, Glycolic Acid, and Accutane):

List any drug, make-up, skin, or food allergies: _____

Does your medication prohibit exposure to sun or light? Yes No

Have you been on Accutane in the last 9 months? Yes No

Are you pregnant? Yes No

Have you ever been tested for HIV? Yes No Results? _____

Are you prone to herpes breakouts or cold sores? Yes No _____

Have you recently undergone a skin peel or microdermabrasion? Yes No _____

When did you last tan your skin? _____ Sun, tanning booth, or creams? _____

Do you wear sunscreen? Yes No What SPF is your sunscreen? _____

Fitzpatrick Skin Test: Please circle one of the following that describes your skin type:

- A. Type I – Always burns, never tans. Red or light blonde hair, light eyes. (White)
- A. Type II – Sometimes tans, mostly burns. (White)
- B. Type III – Sometimes burns, mostly tans. Also known as “olive” complexion. (White, Asian)
- C. Type IV – Rarely burns, almost always tans. Also known as “olive” complexion. (Moderate Brown)
- D. Type V – Moderately pigmented. (Indian, Hispanic, etc.). (Dark Brown)
- E. Type VI – African American.

Signature _____

Date _____

FRISCO PLASTIC SURGERY, P.A.

Acknowledgement of Receipt of Notice of Privacy Practices

Our Notice of Privacy Practices (Notice) provides information about how we may use and disclose protected health information about you. You have the right to receive and review our Notice before signing this acknowledgment. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy.

By signing this form, you acknowledge that you have been informed of our uses and disclosures of protected health information about you for all of the purposes set out in our Notice.

By signing this form, you also acknowledge that a copy of our Notice has been provided to you, that you understand the contents of our Notice and how it applies to you, and that all of your questions regarding the contents of our Notice have been answered.

Signature

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of your Notice of Privacy Practices.

Signature of Patient or Personal Representative

Date

Print Name of Patient or Personal Representative

Description of Personal Representative's Authority