



### CONFIDENTIAL PATIENT INFORMATION

FAMILY NAME:  FIRST NAME:

STREET ADDRESS:  APT:

CITY / PROVINCE:  POSTAL CODE:

HOME PHONE:  BUSINESS PHONE:  MOBILE PHONE:

EMAIL ADDRESS:  HEIGHT:  WEIGHT:

Please indicate your preferred method of contact:  HOME  BUSINESS  MOBILE  EMAIL

BIRTHDATE:  DD / MM / YYYY AGE:  HEALTHCARD:  # OF CHILDREN:

EMPLOYER:  OCCUPATION:  MARITAL STATUS:  M  S  D  W

### CONSULTATION CONCERNS

- BREAST
- FACE
- ABDOMEN
- FAT
- EYES
- EARS
- NOSE
- SKIN CARE

### HOW DID YOU HEAR OF OUR CLINIC

- DOCTOR REFERRAL
- FRIEND REFERRAL
- ARTICLE/DVERTISEMENT
- WEBSITE
- YELLOW PAGES
- LOCATE A DOC
- OTHER CLINIC
- OTHER

### HAVE YOU OR WILL YOU BE CONSULTING ANOTHER SURGEON REGARDING THIS CONCERN? YES NO

Do you have any bleeding problems?  YES  NO      Do you have diabetes or other metabolic problem?  YES  NO

Heart disease/High blood pressure?  YES  NO      Have you been under the care of a psychiatrist?  YES  NO

Do you smoke cigarettes?  YES  NO      Do you take ASA (Aspirin)?  YES  NO

### PLEASE LIST:

PAST SURGERY:

MEDICAL CONDITION(S):

PRESCRIPTION MEDICATION(S):

DRUG ALLERGIES:

### NON-SURGICAL COSMETIC SERVICES AND AESTHETIC SERVICES OFFERED (Please check topics of interest)

- REDUCING WRINKLES AND FOLDS
- ENHANCING AND DEFINING LIPS
- BOTOX COSMETIC TREATMENTS
- INJECTABLE SOFT TISSUE FILLERS
- CO2 LASER RESURFACING
- FRACTIONATED SURFACING
- ACNE SCARS MANAGEMENT
- IMPROVING SUN DAMAGE, BROWN AND AGE SPOTS
- IMPROVING SKIN TONE AND TEXTURE
- IMPROVING ACNE AND POST ACNE SCARS
- IMPROVING UNEVEN SKIN PIGMENTATION
- IMPROVING ROSACEA AND BROKEN CAPILLARIES
- LASER HAIR REMOVAL
- SKIN CARE PRODUCT RECOMMENDATION

SIGNATURE:  DATE:

Please email newsletter or promotional information.