

Advanced Cosmetic Surgery Center

Patient's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel. Home: _____ Work: _____ Cell: _____

Birthdate: ____/____/____ Age: _____ Sex: M / F Height: _____ Weight: _____

Social Security Number: _____

Occupation: _____

Employed by: _____

Email: _____ Marital Status: _____

Primary Physician: _____

Primary's Address: _____

Primary's Phone #: _____

Please tell us how you found out about our office:

____ Referred by Dr. _____

____ Recommended by another patient

____ Newspaper / Tel. Book / ArtVoice /Other _____

What is the problem with your skin?

For Women

____ Cosmetic: _____ Are you pregnant? Y / N

____ Dermatologic: _____ Are you trying to get pregnant? Y / N

When did your skin problem begin? _____ Are you taking birth control pills? Y / N

Please answer the following questions:

1. Has a doctor given you anything for the skin? (If yes, please list medicines) Y / N

2. Have you put anything on the skin yourself? (If yes, please list) Y / N

3. Have you had any other skin problem? (If yes, please list) Y / N

4. Are you being treated by a doctor for any other medical condition? (If yes, please list) Y / N

5. Please list all of the medications you are taking:

6. Are you allergic to any medication (If yes, please list) _____ Y / N

Signature: _____ Date: ____/____/____

Please inquire about our cosmetic non-surgical services such as Thermage®, Botox®, Radiesse®, Juvederm®, IPL, microdermabrasion, sclerotherapy, chemical peel. The surgical procedures we have are liposuction, fat grafting, blepharoplasty, dermabrasion, hair transplantation, scar revision, mole removal, ear lobe repair.