Adult Form

Over 18

CENTER FOR COSMETIC SURGERY
PATIENT INFORMATION-2/2017

Please fill out completely and sign where indicated Date:_____

_____ _____ ___ _____ _____
Last Name (Please Print) First Name MI Pref. Name / Pronoun Any Previous Name(s)

_____
Mailing Address City State Zip Code

(_____)_____ (_____)_____ _____ _____
Home Phone Cell Phone Email Address SSN

Sex at birth: (circle one): Male Female Gender Identity: _____ _____/_____/_____ _____
Date of Birth Age

Marital Status: (circle one) Single Married Separated Divorced Widowed Spouse's Name: (if married) _____

Are you currently employed? (circle one) Yes No *Preferred method of contact: (circle one) Cell Home Work Email

_____ _____ (_____)_____
Employer/Company Name Occupation Work Phone

_____ (_____)_____ (_____)_____
Primary Care Physician Phone Number Pharmacy Number OR Name/Location

EMERGENCY CONTACT: Please give the name of nearest relative or close friend to contact in case of an emergency:

_____ (_____)_____ (_____)_____
Name Home/ Cell Phone Work Phone

_____ _____ _____
Relationship to Patient City State

PLEASE INDICATE THE PROCEDURE(S) YOU ARE CONSIDERING:

- o Breast Enlargement
- o Breast Lift
- o Breast Reduction
- o Gynecomastia
- o FTM Top Surgery
- o Other Breast Surgery_____
- o Face or Neck Lift
- o Eyelid Lift
- o Other Facial Surgery_____
- o Nose Reshaping
- o Ear Reshaping
- o Tummy Tuck
- o Body Lift
- o Liposuction
- o Other Body Surgery_____
- o Coolsculpting____
- o Skin Care: Resurfacing/Peels
- o Lasers
- o Botox/Fillers
- o Other_____

1. Do you have a specific goal in mind, such as a wedding or special event, within a certain time frame? If so, what is that event and approximate date?_____
2. Have you (or someone close to you) recently had cosmetic surgery? If so, what is your opinion of that experience and overall outcome? Excellent Good Fair Poor_____
3. Have you had a major life change in the last 6-12 months? If so, explain: _____
4. How did you hear about our office?_____

SPECIAL OFFERS AND COSMETIC NEWSLETTERS VIA EMAIL!

Throughout the year, we would like to send you the latest updates on cosmetic surgery, skin care and laser treatments via our email newsletter. We will also periodically send special offers and savings that may interest you. If you would like to receive these emails, please sign this form and include your email address. We respect your privacy. Your email will never be shared or sold. At any time, you can call or email us to be removed from the list. Thank you.

_____ _____ _____
Signature Date Email (Please Print)