

Patient Information as of _____ (enter today's date)

Patient's Name _____

First

Middle

Last

Address _____

Street & Apt #

City

Postal Code

Home Phone _____

Cell Phone _____

Other Phone _____

Any restrictions for contacting you? No Yes

E-mail _____

Contact Restrictions: _____

Age _____

Birthdate _____ / _____ / _____

RAMQ _____ - _____ - _____

Gender Female Male

Work Phone _____

Ext: _____

Is it okay to call you at work? Yes No

How did you hear about Dr. Zadeh?

(Mark all that apply)

TV News Radio Ad Phone Book Magazine Newsletter Seminar Salon Web

Friend/Relative: _____ Doctor: _____ Other: _____

If you were referred by a specific person, may we thank them? Yes No

Emergency Contact _____

Relationship to Patient _____

Home Phone _____

Work Phone _____

Other Phone _____

Areas of Interest: (mark all that apply)

Facial Procedures

- Blepharoplasty (Eyelid Lift)
- Botox
- Brow or Forehead Lift
- Earlobe Repair
- Facial Liposuction (Neck, Jowls)
- Face or Neck Lift
- Lip Enhancement
- Otoplasty (Ear Pinning)
- Rhinoplasty (Nose Reshaping)
- Skin Resurfacing (Laser, Peel, Etc.)
- Wrinkle Fillers (Injections)

Breast Procedures

- Breast Augmentation
- Breast Reconstruction
- Breast Reduction
- Mastopexy (Breast Lift)

Body Procedures

- Abdominoplasty (Tummy Tuck)
- Brachioplasty (Arm Lift)
- Full Body Lift
- Liposuction (Thighs, Abdomen, Etc.)
- Thigh or Buttock Lift

Skin Care

- Acne treatments
- Advanced Skin Care
- Photodynamic Therapy
- Laser Hair Removal
- Laser vein therapy
- Lesions / Moles
- Microdermabrasion
- Photorejuvenation
- Rosacea
- Thermage: Skin tightening

I understand that office visit charges are payable on the day service is rendered.

Signature _____

Date _____

Would you like a complimentary skin evaluation while you are here today?

Yes No