

Patient Information as of _____ (enter today's date) (Please Print Legibly & Fill In or Correct All Fields)

Patient's Name

First Middle Last

Address Street & Apt # City State Zip

Home Phone Cell Phone Other Phone

Any restrictions for contacting you? ☐ No ☐ Yes E-mail

Contact Restrictions:

Age Birthdate / / SS# - - Gender ☐ Female ☐ Male

Marital Status ☐ Single ☐ Married to: ☐ Other:

Patient's Employer

Occupation

Work Phone Ext: Is it okay to call you at work? ☐ Yes ☐ No

Address Street & Suite # City State Zip

How did you hear about Dr. Thompson?

(Mark all that apply)

☐ Website ☐ Magazine ☐ Radio ☐ Newsletter ☐ Seminar ☐ Salon

☐ 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)

Breast Procedures

- ☐ Breast Augmentation
- ☐ Breast Reduction
- ☐ Breast Lift (Mastopexy)
- ☐ Breast Reconstruction
- ☐ Revision Breast Procedures
- ☐ Male Breast Reduction
- ☐ Nipple Procedures

Other Procedures / Products

- ☐ Laser Hair Removal
- ☐ Lesions / Moles
- ☐ Hydrafacial / Skin Care / Latisse

Body Procedures

- ☐ Mommy Makeover
- ☐ Abdominoplasty (Tummy Tuck)
- ☐ Liposuction / SmartLipo
- ☐ Body Lift
- ☐ Arm Lift (Brachioplasty)
- ☐ Thigh or Buttock Lift
- ☐ Coolsculpting (non-surgical fat reduction)
- ☐ Skin Tightening
- ☐ Spider Veins (Laser Treatment)
- ☐ miraDry (non-surgical sweat reduction)
- ☐ Cellulite Reduction

Facial Procedures – Non Surgical

- ☐ Botox / Dysport / Xeomin
- ☐ Wrinkle Fillers ☐ Lip Enhancement
- ☐ Skin Resurfacing (Laser, Peel, Etc.)
- ☐ Photofacial ☐ Facial Veins
- ☐ Ultherapy ☐ Submental (below chin)

Facial Procedures - Surgical

- ☐ Facelift / Neck Lift
- ☐ Eyelid Lift (Blepharoplasty)
- ☐ Brow or Forehead Lift
- ☐ Rhinoplasty (Nose Reshaping)
- ☐ Otoplasty ☐ Earlobe Repair

I understand that office visit charges are payable on the day service is rendered. **Personal Checks are not accepted on date of service.**

Signature

Date



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