

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 _____

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

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 ThermiVa

Facial Procedures – Non Surgical

- Botox/Dysport/Xeomin ThermiTight/Smooth
- 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 _____

