ADVANCED INTEGRATIVE MEDICINE

TERESE TAYLOR M.D.

DrTereseTaylor.com

New Medical Aesthetics Patient Registration Form

1. Patient Information

Full Name (Last, First, M.I.): _____

Home Address: _____

City _____ State _____Zip: _____

Marital Status: _____ Cell Phone: _____

Email: (legibly please) _____ Marital Status:_____

Occupation: _____ Employer Phone: _____

Pharmacy & Phone: _____

Spouse / Significant Other

Name: _____ Home Phone: _____

Address: _____

City_____ State_____ Zip: _____

Employer: _____ Work Phone:_____

Emergency Contact & Referral

Emergency Contact: _____

Relationship: _____ Phone: _____

Referred to our office by: : _____

2. Office Policies & Financial Agreement

Agreement for Payment of Services: We believe that prompt payment for services is part of the contract that exists between doctor and patient. I understand that I am responsible for all charges incurred by me and I understand that I am required to pay them at the time services are rendered.

No Show Policy: The 1st missed appointment will be charged a $75.00 fee, the 2nd will be $100.00, and will not be rescheduled.

We do not accept personal checks.

Patient Signature: _____ Date: _____

Parent/Guardian Signature (if Minor): _____ Date: _____

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3. Patient Medical History

Please fill this form out completely and bring it with you to your first appointment.

Name: _____ Date of Birth: _____

Allergies: _____ Allergic Reactions: _____

Do you take medication? _ YES _ NO

Medications (supplements, herbs, aspirin, etc.): _____

Past Medical Conditions

Mark any of the following you have been diagnosed with or treated for:

_ Acne	_ Bleeding Disorders	_ Asthma	_ Heart Disease	_ High Blood Pressure
_ Anxiety	_ CVA / Stroke	_ Migraines	_ Hepatitis	_ Lupus
_ Addiction	_ Kidney Disease	_ Seizures	_ Liver Disease	_ Depression
_ Keloids	_ Thyroid Disease	_ HIV	_ Diabetes	_ Cancer: _____
_ Herpes / Cold Sores		_ Mitral Valve Prolapse		_ Myasthenia Gravis

Other Medical Conditions: _____

Have you ever filed a lawsuit/complaint against a physician? _ YES _ NO

Past Cosmetic Procedure History

Mark any of the following that apply:

Peels: _ TCA _ OBAGI _ PCA Skin

Skin Care: _ OBAGI _ PCA Skin _ Other: _____

Injectables & Fillers: _ Botox / Dysport / Xeomin

_ Restylane _ Juvederm _ Belotero _ Versa _ Radiesse _ Sculptra

Other Procedures: _ Nova Threads _ Kybella _ Latisse

_ Laser treatments received: _____

_ Plastic surgery, areas treated: _____

Social History

Do you smoke? _ YES _ NO

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4. Cosmetic Interest Questionnaire

Would you be interested in any of the following? (Check all that apply)

_ Chemical Peels	_ Skin Care Products	_ Retin-A	_ Latisse
_ Botox / Dysport / Xeomin	_ Restylane	_ Belotero	_ Juvederm
_ Radiesse	_ Nova Threads	_ Kybella	_ Sculptra

Practice Referral & Experience

How did you hear about our practice?

_ Physician	_ Friend / Family	_ Internet
_ Email Forwarded		_ Advertisement / Article

If referred by a patient, please share their name: _____

What cosmetic procedures, if any, have you had in the past? _____

Were you pleased with the outcome? If not, why? _____

If our office held an educational seminar, would you attend? _ YES _ NO