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| 2019 Annual Demographic, interest, & Physical exam form |
| Last Name | First Name |
| Address City ST Zip |
| Age Date of Birth Cell Phone  Home Phone |
| PRINTED Email Address**\*  @** **.**  | **\*** Listing here constitutes permission to Email Special Offers and Discounts |
| Occupation/Business: Married Divorced Widowed Single |
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| --- | --- | --- |
| **Interested In (check all that apply):*** Facial Wrinkles/ Loose Skin
* Lips: Thin or Uneven
* Cellulite or Buttocks Shaping
 | **Interested In:*** Face/Body: Scars
* Skin: Sun Damage/Brown Spots
* Skin: Large Pores
 | **Interested In:*** Body Sculpting
* Thinning Hair
* Eyelash Growth
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| **How did you hear about us? Circle ALL that apply:**

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| --- | --- |
| Yelp Search Have Yelp App? Y N | Drive by or walk by  |
| Google Maps Have Gmail (email) Y N | Been here before / Email from Look Younger MD |
| Google Botox/Juvederm Have Gmail? Y N | Friend’s Name: |

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|   |
| **Patient Signature Date** |

PE: For Office Use Only: Medical Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ( ) VS: BP \_\_\_\_\_/\_\_\_\_\_ HR \_\_\_\_\_\_\_\_\_ HT \_\_\_\_\_\_ WT \_\_\_\_\_\_\_ TEMP \_\_\_\_\_.\_\_\_ |
| ( ) PE: YO (W B A H) M / F in NAD ( ) ABD: NT, no mass, +BS |
| ( ) HEENT: PERRLA NC/AT EOMI TMI B Post Pharynx Clear  |
| ( ) CV: RRR w/o m/g/r ( ) Lungs: CTAB  |
| ( ) Neuro: FROM, ~~O~~ NT, strength 4+/5 B (or \_\_+/5 \_\_ ) NVI, neg. Romberg |
| Comments: ( ) Follow up w/ PCP ASAP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Patients for Cheek treatments: [ ]  Medrol Dose Pack (4 mg) #21, 5 refills. Use as directed.Patients with “Cold Sores”: [ ]  Valtrex Tablets (1000 mg) ii po bid evening before Tx x 2 days #30, 5 refills |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physician’s Signature Date |

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