

JAMES P. ANTHONY, M.D., FACS, INC.

PLASTIC SURGERY

PATIENT REGISTRATION FORM

Patient Information

Name _____ Date of Birth _____ Age: _____

Social Security # _____ Driver License # _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Preferred Method of Contact (by phone, please check all that apply): home cell work email

Employer _____ Occupation _____

Marital Status: Single Married Partnered Divorced Separated

Emergency Contact _____ Phone Number _____

Relationship to Patient _____

Primary Care Physician _____ Phone _____

General Health History

Height: _____ Weight: _____

What is the date of your last History and Physical: _____

Have you ever had a blood transfusion or a bleeding problem? Y / N

Do you currently smoke? Y / N how many per day: _____

I consume _____ alcoholic beverages per week

Please provide specific medical conditions you now have or have had

- | | |
|--|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hormonal or Thyroid Disorder |
| <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Kidney or Liver Disorder |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> HIV | Other _____ |

Women Only

What is the date of your last mammogram? _____

Do you have breast implants? Y / N # of pregnancies _____

Are you pregnant? Y / N # of children _____

JAMES P. ANTHONY, M.D., FACS, INC.

PLASTIC SURGERY

1. Reason for visit/consultation: _____
2. How would you like to be addressed by Dr Anthony? _____
3. How did you hear about Dr. Anthony?
Please check all that apply: Doctor Patient Friend Airlines Internet (Which SEO? _____)
If you were you referred by airlines, doctor, patient, or friend please list name: _____
May we thank your referring friend, physician, etc? Yes No
4. Have you seen any other Plastic Surgeons? If so, please list them here: _____
5. What are your goals for this procedure? _____
6. Why are you interested in this procedure at this time? _____

What time frame are you considering? How far in the future would you ideally like to have surgery? (circle one)
2 weeks 4-6 weeks 6 months 1 year

BODY AREAS (please mark areas you would like to discuss today)

Cosmetic Face Procedures:

- Brow / forehead rejuvenation
- Eyelid improvement
- Nose shape or size
- Face Lift
- Cheeks
- Lips (wrinkles or fullness)
- Chin (too large or too small)
- Neck (skin or fat excess)
- Fillers (Juvederm, Radiesse)
- Botox

Cosmetic Body Procedures:

- Liposuction
- Tummy Tuck
- Buttock Lift / Brazilian Butt Lift
- Lower Body Lift
- Thigh Lift / Arm Lift

Reconstructive Procedures:

- Breast Reconstruction
- Mole Removal
- Scar Revision

Cosmetic Breast Procedures:

- Breast Augmentation
- Breast Lift
- Breast Reduction

What is your biggest concern regarding cosmetic surgery? _____

JAMES P. ANTHONY, M.D., FACS, INC.

PLASTIC SURGERY

List all medications (with dosage) you are currently taking, including aspirin, non prescription medications, vitamins and herbal supplements:

If yes, please describe the procedure and include dates: _____

Have you ever had any cosmetic surgery? Y / N

If yes, please describe the procedure and include dates: _____

Have you ever had an allergic reaction to any medications or tape? Y / N

If yes, please describe your reaction and the type of medication: _____

Have you ever had any surgery? Y / N

Please describe any health concerns or conditions related to you that were not addressed above:

Please note:

Plastic Surgery is a very private matter. Please be aware that in our office we have the utmost respect for confidentiality and privacy. Any medical information or photos relating to your case are kept strictly private within this office. Any pre and post operative photographs you will be shown are shown with the consent of those patients.

I, understand that I am financially responsible for all charges incurred for _____
with James P. Anthony, M.D. for care rendered.

Signed: _____ Today's Date _____