

Patient Information New Patient Patient Update

Please print information as clearly as possible.

Today's Date _____

Name _____ Female Male Birthday _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email _____

Employer _____ Occupation _____

Emergency Contact _____ (_____) _____ - _____ Relationship _____

What is your preferred phone number for contact? Home Cell

How would you like to receive appointment reminders? Text Call

Would you like to receive emails notifying you of our monthly specials and events? Yes No
You will receive emails from Moradi MD about 2-3 times per month and can opt out at anytime.

Would you like to receive treatment suggestions via text message? Yes No

How did you hear about us? Friend or Family _____
Please check all that apply. Internet _____ Yelp Walk-In
 TV Newspaper Other _____

Reason for your visit today _____

Cosmetic surgical history _____

Medical conditions _____

Drug Allergies _____

Medications or herbal supplements taken regularly _____

Are you currently pregnant or nursing? Yes No

Have you taken ACUTANE in the past 12 months? Yes No

Which description below best fits your skin type?

- 1.** Always burns, never tans **2.** Usually burns, tans with difficulty
- 3.** Sometimes mild burn, gradually tans to olive **4.** Rarely burns, tans easily to brown
- 5.** Very rarely burns, tans very easily **6.** Never burns, tans very easily, deeply pigmented skin

IN CASE OF EMERGENCY, THIS OFFICE DOES NOT HONOR ADVANCED DIRECTIVES.

CANCELLATION POLICY: In order to accommodate all of our patients, we ask that all cancellations be made at least 24 hours in advance. Please understand that a failure to do so may result in a \$50 charge.

Print Name _____ **Signature** _____