

## 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:

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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

**How did you hear about us? Circle ALL that apply:**

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: \_\_\_\_\_

(   ) VS: BP \_\_\_\_/\_\_\_\_    HR \_\_\_\_\_    HT \_\_\_\_\_    WT \_\_\_\_\_    TEMP \_\_\_\_\_.\_\_\_\_

<input type="checkbox"/> PE: YO (W B A H) M / F in NAD	<input type="checkbox"/> ABD: NT, no mass, +BS
<input type="checkbox"/> HEENT: PERRLA NC/AT EOMI TMI B	Post Pharynx Clear
<input type="checkbox"/> CV: RRR w/o m/g/r	<input type="checkbox"/> Lungs: CTAB
<input type="checkbox"/> Neuro: FROM, ⊖ NT, strength 4+/5 B (or __+/5 __) NVI, neg. Romberg	
Comments:	<input type="checkbox"/> Follow up w/ PCP ASAP
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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	
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Physician's Signature	Date