

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	
Interested In (check all that apply): <input type="checkbox"/> Facial Wrinkles/ Loose Skin <input type="checkbox"/> Lips: Thin or Uneven <input type="checkbox"/> Cellulite or Buttocks Shaping		Interested In: <input type="checkbox"/> Face/Body: Scars <input type="checkbox"/> Skin: Sun Damage/Brown Spots <input type="checkbox"/> Skin: Large Pores	
		Interested In: <input type="checkbox"/> Body Sculpting <input type="checkbox"/> Thinning Hair <input type="checkbox"/> 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:
<i>Patient Signature</i>		<i>Date</i>	

PE: For Office Use Only:

Medical Assistant: _____

() 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, ⊖ NT, strength 4+/5 B (or __+/5 __) NVI, neg. Romberg
Comments: () Follow up w/ PCP ASAP
Patients for Cheek treatments: <input type="checkbox"/> Medrol Dose Pack (4 mg) #21, 5 refills. Use as directed.
Patients with "Cold Sores": <input type="checkbox"/> Valtrex Tablets (1000 mg) ii po bid evening before Tx x 2 days #30, 5 refills
Physician's Signature
Date