PLASTIC SURGERY CENTER OF DULUTH
and Aesthetic Services

Plastic Surgery Center of Duluth PLLC

Please answer all of the questions as accurately as possible

Name _____ DOB: _____ Age _____

Address _____

Home phone _____ Cell phone _____ Work phone _____

Email address _____

SSN (If needed for insurance information VA, etc) _____

Gender M / F Height _____ Weight _____

Primary care provider _____ Referring physician_____

Reason for visit _____

Preferred pharmacy/ Location _____

Emergency Contact

Name _____ Relationship _____ Phone number _____

Parent/Guardian_____ Phone number _____

Current Medications/doses	**Allergies/reactions**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you use Aspirin or NSAIDS (Advil, Motrin or Ibuprofen) regularly? **Y N** Dosage _____

Medical History check all that apply

Recent cold or flu		Glaucoma		Kidney disease		Asthma	
High blood pressure		Stroke		Blood thinners		Fractures of facial bones	
Heart condition		Anemia		Pacemaker		Fractures of neck/back	
Anxiety/Depression		AIDS/HIV		Blood disorders		Muscle weakness Numbness or paralysis	
Hepatitis		Thyroid disease		MRSA/ staph infection		Recent abnormal X-ray or EKG	
Diabetes		COPD		False or loose teeth			

Tobacco use **Y N** packs/day ____ If former smoker, how long have you been smoke free _____

History of substance abuse **Y N** Recreational drug use **Y N** Alcohol use **Y N** drinks per day____

Current or past cancer **Y N** Type _____

Prosthetic device(s) _____

Any religious practices that may affect care? _____

Previous Surgery/ Serious Injury (please give approximate dates)

_____ _____
_____ _____
_____ _____

Any conditions in which you are currently under the care of a physician?

_____ _____
_____ _____
_____ _____

I verify that the above information is true and accurate to the best of my knowledge

Signature of Patient/Guardian _____ **Date** _____

Personal release of information

I, _____ , hereby authorize representatives of Plastic Surgery Center of Duluth to speak with the following person(s) regarding my medical information.

Name _____ relationship _____ phone number _____
Name _____ relationship _____ phone number _____
Name _____ relationship _____ phone number _____

I, _____ , **DO NOT** authorize representatives of Plastic Surgery Center of Duluth to speak with anyone, besides myself, regarding my medical information.

Financial Responsibility
All professional services are the responsibility of the patient/guarantor.

Surgery (covered by your insurance)
You will be responsible for your copayment, deductible and/or coinsurance. Please be prepared to pay your portion.

Cosmetic surgery
Payment for cosmetic surgery is due two weeks prior to your scheduled procedure date.

Informed consent patient before and after imaging

During the course of the consultation, I may have been shown before and after photos of actual patients. I understand that those pictures are solely for the purpose of illustration of possible outcomes. I understand that any type of surgical procedure is related to my individual characteristics and health. Because of the differences in how individual living tissues react to surgery, there may be no relationship between the images observed and my actual final result.

Please initial: _____

Photographic images

I authorize Dr. Saldana and his assistants to photograph relevant areas of my body for documentation of care. I understand that this will be part of my medical records and will be used for diagnosis, treatment or educational purposes.

Please initial: _____

Authorization for treatment and insurance authorization I authorize the Plastic Surgery Center of Duluth to give me reasonable and proper care by today's standards. I, the patient, or responsible party, authorize release of medical information for the purpose of processing medical claims. I hereby authorize my insurance company to pay claims directly to the physician. I am financially responsible for non-covered services.

Signature of Patient/Guardian _____ Date _____