

Patient Information as of _____ (enter today's date)
(Please Print Legibly & Fill In or Correct All Fields)

Patient's Name

_____ First _____ Middle _____ Last

Address _____
Street & Apt # _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other Phone _____

Any restrictions for contacting you? No Yes E-mail _____

Contact Restrictions: _____

Age _____ Birthdate _____ / _____ / _____ SS# _____ - _____ - _____ Gender Male Female

Marital Status Single Married to: _____ Other: _____

Patient's Employer

_____ Occupation _____

Work Phone _____ Ext: _____ Is it okay to call you at work? Yes No

Address _____
Street & Suite # _____ City _____ State _____ Zip _____

How did you hear about Dr. Rubinstein?

Groupon _____ (Mark all that apply)

Television Reputation Radio Magazine Newsletter Seminar Salon Web

Friend/Relative: _____ Doctor: _____ Other: _____

If you were referred by a specific person, may we thank them? Yes No

Emergency Contact

(Not in your household) _____ Relationship to Patient _____

Home Phone _____ Work Phone _____ Other Phone _____

Areas of Interest: (mark all that apply)

Facial Procedures

- Blepharoplasty (Eyelid Lift)
- Botox/Dysport
- Brow or Forehead Lift
- Earlobe Repair
- Facial Liposuction (Neck, Jowls)
- Face or Neck Lift
- Lip Enhancement
- Otoplasty (Ear Pinning)
- Rhinoplasty (Nose Reshaping)
- Skin Resurfacing (Laser, Peel, Etc.)
- Wrinkle Fillers (Injections)

Breast Procedures

- Breast Augmentation
- Breast Revision/Reconstruction
- Breast Reduction/Gynecomastia
- Mastopexy (Breast Lift)
- Nipple Reduction or Inversion

Body Procedures

- Abdominoplasty (Tummy Tuck)
- Brachioplasty (Arm Lift)
- Lower Body Lift
- Liposuction (Thighs, Abdomen, Etc.)
- Thigh or Buttock Lift

Other Procedures

- Skin Care
- CoolSculpting Warm Sculpting
- ThermiTight / Skin Tightening
- Cellulite Treatment / Z-Wave
- IPL, Intense Pulsed Light
- Micro-needle Treatment / PRP
- Lesions / Moles
- Facial Implants (Chin, Cheek, Jaw)
- Laser Skin Resurfacing/Matrix
- Hair Removal / Hair Restoration
- Zerona/Lipo Laser

I understand that office visit charges are payable on the day service is rendered.

Signature _____

Date _____

Would you like a complimentary skin evaluation while you are here today?

Yes No