

Please fill out all information

<i>Patient Information</i>			
First Name:	Middle Initial:	Birth Date:	Sex:
Last Name:		SS: (Required)	
Address:		Home Phone:	
City:		Mobile Phone:	
State:	Zip:	Work Phone and Ext:	
Email: Receive exclusive only discounts & specials			
<input type="checkbox"/> I give my permission to receive promotional info			

Please list all that apply:

Medication: _____

Allergies: _____

Primary Care Physician: _____

Have you been diagnosed with any of the following (please circle all that apply):

acne | arthritis | diabetes | cancer | heart condition | high cholesterol | other: _____

Please describe your daily routine (circle one option per category):

Sun Exposure: never | rarely | sometimes | everyday Skin Type: acne | dry | combination | oily Lifestyle: relaxed | moderate | active | extreme

Emergency Contact (nearest relative):

First Name:	Last Name:	Relationship:
Home Phone:	Mobile Phone:	Work Phone:

Person Responsible For Payment (If different from above):

First Name:	Last Name:	Relationship:
Home Phone:	Mobile Phone:	Work Phone:

Are you interested in any of the following services we provide (please circle all that apply):

Botox | Collagen | Cosmetic Surgery | Laser Hair Removal | Laser Resurfacing | Restylane | Sclerotherapy | Other: |

How did you hear about GBFG?

I understand that I am responsible for all charges and that payment is due date of service. Payment may be made with cash, personal check, Visa, MasterCard, American Express or Discover. Goldman Butterwick Fitzpatrick & Groff, Cosmetic Laser Dermatology **DOES NOT BILL INSURANCE**. I understand that I will be charged \$70.00 fee if I do not cancel my appointment 24 hours in advance. By signing below I give permission to have a third party in exam room during my visit.

Please check box if you decline to have a third party present in exam room.

Patient Signature: _____ Date: _____/_____/_____

Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I have been made aware of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available in the reception area, and that I will be notified of any amendments at the next appointment.

Appointment Reminder

We may use and disclose information to contact and remind you about appointments. If you are not home, we may leave this information on your voicemail

Sign-In Sheet

We will have you sign in when you arrive at our office. We will call out your name when we are ready to see you.

PRINT NAME

SIGNATURE

DATE

Relationship, If Not Signed By Patient:

- Parent or guardian of minor
- Guardian or conservator of patient

Print Name of Patient: _____

DCLA/CVSC

9339 Genesee Avenue, Suite 300
San Diego, CA 92121

Ownership Disclosure Information

One or more of the physicians at Goldman Butterwick Fitzpatrick & Groff, Cosmetic Laser Dermatology have vested interests and may serve on boards with companies whose products and or supplies we use and/or sell. In no way do any of these personal and professional commitments affect their medical decisions with patients.

Mitchel P. Goldman, MD

Aesthera – Advisory Board
Allergan – Advisory Board, Global Alliance Council
Bio Med Sciences – Chairman, Advisory Board
Bioniche Pharmaceuticals – Consultant
Galderma – Advisory Board
Johnson & Johnson – Consultant, Wound Healing Division
Lithera – Consultant
Lumenis – Acting Medical Director, Advisory Board, Consultant, Stockholder

Medicis Pharmaceuticals – Consultant
Mentor – Consultant
Merz Pharmaceutical – Advisory Board
New Star Lasers – Consultant, Stockholder
Obagi Medical Products – Acting Medical Director
Ortho Dermatologics – Consultant
Quinova Pharmaceuticals – Consultant
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Novartis – Consultant
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Women’s Dermatologic Society – Board of Directors

Richard E. Fitzpatrick, MD

Artes Medical – Scientific Advisory Board, Stockholder
Photomedex – Consultant, Stockholder
Reliant Technologies – Consultant, Stockholder
Rhytec – Consultant, Stockholder
Skin Medica – Founder, Board of Directors, Scientific Advisory Board Stock

Thermage – Scientific Advisory Board, Stockholder
Ulthera – Consultant, Stockholder
Zeltiq – Scientific Advisory Board
American Society of Dermatology Surgery – Board of Directors
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William F. Groff, D.O.

Candela Corporation – Consultant

Rhytec – Consultant
Reliant Technologies – Consultant

Leysin Fletcher, PA-C

NONE

Sabrina G. Fabi, MD

NONE

Signature: _____

Date: _____

COSMETIC INTEREST QUESTIONNAIRE

Patient Name: _____

Date: _____

General appearance ore products of interest to you (PLEASE CHECK ALL THAT APPLY).

INJECTABLES

- BOTOX® Cosmetic
- Facial wrinkles
- Facial folds
- Thin lips
- Other
- Skin care products/Advice
- Eyelash length, fullness, thickness
or darkness

LASER

- Facial veins
- Facial redness
- Liver spots/age spots
- Birthmark
- Tattoo removal
- Facial fullness
- Blotchy skin

SURGERY

- Liposculpture
- Laser resurfacing
- Leg veins
- Blepharoplasty
- Laxity
- Breast Augmentation
- Mini facelift

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number.

When looking at my face in the mirror, I believe I look younger than , the same as, or older than my true age.

Younger Than		True Age		Older Than
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

Patient Signature: _____

Date: _____

FOR OFFICE USE ONLY

Physician (provider) name: _____

Follow-up	Date	Completed by (name)
<ul style="list-style-type: none"> <input type="radio"/> Initial Inquiry/Information Mailed <input type="radio"/> Follow-up call <input type="radio"/> Seminar participation <input type="radio"/> Free consultation <input type="radio"/> Procedure scheduled <input type="radio"/> Procedure completed 	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

Comments:

