



8680 Monroe Court, Suite 200 • Rancho Cucamonga, CA 91730
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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 _____

Contract Restrictions: _____

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

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 & Apt. # City State Zip

How did you hear about Inland Cosmetic Surgery? *(mark all that apply)*

Phone Book (Which one _____ area _____) Magazine: Inland Empire Other: _____

Web: Search Engine _____ Blog _____ Website: _____

Seminar - Date & Location _____ Word of Mouth: Friend/Relative Doctor Radio _____

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

Emergency Contact

Name _____ Relationship to Patient _____

Home Phone _____ Cell Phone _____ Other Phone _____

Would you like a complimentary skin evaluation? Yes No

Where do you prefer to receive calls? Home Work Cell Pager What is the best time to reach you? _____

What (if any) are your concerns about this procedure? _____

How will you pay for the services rendered? Cash M/C Visa Financing Insurance

Do you have medical insurance? Yes No If yes: PPO HMO Other _____

Insurance Carrier _____ ID# _____ Group# _____ Insurance Phone # _____

This information is accurate and true to the best of my knowledge.

Signature _____ Date _____

Continued on back

OTHER AREAS OF CONCERN

(mark all that apply)

Cosmetic Procedures:

- Body
- Breast
- Facial
- Other: _____

- Bladder Infection
- Tubal Ligation
- Irregular Menstrual Cycle (heavy bleeding)
- Unpleasant Appearance
- Vaginal Tightening & Reconstruction
- Other: _____

Bariatric Surgery:

- Lap Band
- Weight Loss Surgery
- Diabetic
- High Blood Pressure
- Knee Pain (overbearing weight)
- Failed Diets
- Other: _____

Gastroenterology:

- Colonoscopy
- Upper Endoscopy
- Abdominal Pain
- Irregular Bowel Movement
- Rectal Bleeding
- IBS (irritable bowel syndrome)
- Heartburn
- Acid Reflux
- Other: _____

ENT (Ear, Nose and Throat):

- Unable to sleep at night
- Nasal Allergies
- Nose Bleeds
- Sinus (chronic nasal congestion)
- Snoring
- Nasal Fracture
- Deviated Nasal Septum
- Sleep Apnea
- Nasal Obstruction
- Other: _____

Podiatry (foot and ankle):

- Bunion
- Hammer Toe
- Foot and Ankle Pain
- Flat Foot Correction
- Neuropathy
- Burning /Tingling Sensation
- Chronic Ingrown Toe Nails
- Heel Pain (fasciatis)
- Plantar Warts
- Fungus
- Sports Medicine (e.g. ankle sprain, injuries)
- Other: _____

Gynecology:

- Vaginal Rejuvenation
- Labiaplasty
- Urinary Stress Incontinence