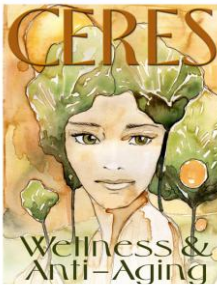

CERES

Wellness & Anti-Aging

2693 E. Washington Blvd., Pasadena CA 91107 t: (626) 798-2000 f: (626) 798-8842 w: cereswellness.com

PATIENT REGISTRATION FORM

Patient's Last Name: First: Middle:			Nick Name:
Marital Status: Single ( ) Married ( ) Divorced ( ) Widowed ( )	Sex: M ( ) F ( )	Date of Birth:	Age:
Address: Street Apt	City	State	Zip
Mailing Address: Same As Above ( ) Apt	City	State	Zip
Please Send Mails To: Permanent Address ( ) Mailing Address ( )			
Occupation:	Company Name:		
Home Phone ( ) _____ Best time to call: _____ ( ) OK to leave voicemail ( ) OK to leave message with another person	Work Phone ( ) _____ Best time to call: _____ ( ) OK to leave voicemail ( ) OK to leave message with another person		
Cel Phone ( ) _____ Best time to call: _____ ( ) OK to leave voicemail ( ) OK to leave message with another person	Email Address _____ ( ) OK for appt reminder ( ) OK for scheduling info ( ) OK for email blasts/specials and promotions		
IN CASE OF EMERGENCY			
Emergency Contact Name:	Relationship:		
Emergency Contact Number:	Address:		

The above information is true to the best of my knowledge. If I willingly withhold knowledge from my treating physician, I accept full liability from any consequences arising there from.

Patient Signature: _____ Date: _____

MEDICAL HISTORY QUESTIONAIRRE

YES	NO	
❑	❑	Do you smoke? If YES, how long? _____ Amount _____
❑	❑	Do you drink? If YES, Amount _____
❑	❑	Are you pregnant or trying to become pregnant?
❑	❑	Are you allergic to any medications? List _____
❑	❑	Are you allergic to any cosmetic ingredients? List _____
❑	❑	Diabetes? Type 1 _____ Type 2 _____
❑	❑	Do you have tattoos or permanent make-up?
❑	❑	Do you spend a lot of time outdoors or use tanning bed?
❑	❑	Do you have fear of needles?
❑	❑	Heart Condition?

PREVIOUS COSMETIC PROCEDURES

❑ Botox ❑ Juvederm ❑ Radiesse ❑ Restylane ❑ Microdermabrasion

❑ Weight Loss ❑ Hormone Therapy ❑ Fraxel ❑ Chemical Peels ❑ Laser Hair Removal

❑ Others: _____

What did you like about these procedures? _____

What were you dissatisfied with? _____

HOW CAN WE HELP YOU?

Reason for Visit: _____

What is your motivation? _____

What results are you expecting? _____

HOW DID YOU HEAR ABOUT US?

❑ My physician (full name): _____

❑ The yellow pages (specify advertisement): _____

❑ A friend or family member (name): _____

Please provide name of the person so we can thank them

❑ Ceres website ❑ Internet

Patient Signature: _____ Date: _____