BNG Aesthetics

Medical Spa and Laser Center
24 W. Fourth Street, Williamsport, PA 17701
Tel: (570) 748-6445 Fax: (570) 980-9138
Email: info@bngaesthetics.com
Website: www.bngaesthetics.com

PERSONAL INFORMATION

Name: _____Date:_____

Date of Birth: _____ Age: _____ Marital Status:_____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Occupation: _____ Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

How did you hear about us? _____

Do you want to be included on our mailing list? Yes ____ No ____

If referred by a friend or relative, can you disclose their name so we can thank them for their patronage?

_____

Emergency Contact: _____

Phone #: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Thank you for taking the time to fill out this form.

BNG Aesthetics

Medical Spa and Laser Center

24 W. Fourth Street, Williamsport, PA 17701

Tel: (570) 748-6445 Fax: (570) 980-9138

Email: info@bngaesthetics.com

Website: www.bngaesthetics.com

BNG Aesthetics

Medical Spa and Laser Center
24 W. Fourth Street, Williamsport, PA 17701
Tel: (570) 748-6445 Fax: (570) 980-9138
Email: info@bngaesthetics.com
Website: www.bngaesthetics.com

MEDICAL INFORMATION

*Name:*_____ *Date:*_____ *DOB:*_____

Please State the Reason for Your Visit:

How many years have you noticed this problem?

_____

For Liposuction Patients Only Height:_____ Weight:_____

Allergy & Sensitivity Information:

Please list all allergies and sensitivities and any reactions that you have experienced:

Please list ALL Prescriptions and Dosages, and/or Over the Counter Medications you are Taking: (e.g. Medicines for pain, constipation, sleep, birth control, anxiety, etc…)

Are you taking any herbal supplements? (Vitamins, Supplements) □ Yes □No
If yes, list: _____
_____

Do you have a history of:

◯Heart Disease	◯Herpes Sores	◯Bruising	◯Skin Injury
◯Diabetes	◯Bleeding Disorders	◯Dark Spots After Pregnancy	◯Skin Cancer or Suspicious Moles

BNG Aesthetics

Medical Spa and Laser Center

24 W. Fourth Street, Williamsport, PA 17701

Tel: (570) 748-6445 Fax: (570) 980-9138

Email: info@bngaesthetics.com

Website: www.bngaesthetics.com

Smoking Information:

Do you smoke? □Yes □No	What do you smoke?
If so, how much do you smoke per day?	How many years have you been smoking?

What is your daily consumption of alcohol?_____

Prior Surgery & Hospitalization Information:

Please list and give approximate dates:

Prior & Current Medical History:

Please list & give approximate dates:

LIPOSUCTION PATIENTS ONLY FEMALE MEDICAL HISTORY:

Date of last menstrual period:	Date of last PAP smear:	Date of Mammogram:
# of Pregnancies:	# of Children:	

Are you pregnant, nursing, or planning to get pregnant soon? □Yes □No

My signature below verifies the following:

- The information provided regarding medical and contact information is true to the best of my knowledge.
- I am the only one with access to this information unless otherwise specified.
- I give my permission to Boris Gabinskiy M.D. and staff to contact me at the phone numbers I provided.
- I have been given the HIPAA Privacy notice to read and review.

PATIENT'S SIGNATURE: _____ DATE:_____

BNG Aesthetics

Medical Spa and Laser Center

24 W. Fourth Street, Williamsport, PA 17701

Tel: (570) 748-6445 Fax: (570) 980-9138

Email: info@bngaesthetics.com

Website: www.bngaesthetics.com

Patient Name:_____ Date:_____ MR#_____

CONSULTATION COMMENTS: