

# AGELESS

+----- MED SPA -----+

414 W. Grand Parkway S. Ste 115

Katy, Texas 77494

281-392-3700

[www.agelessmedspakaty.com](http://www.agelessmedspakaty.com)

## CONFIDENTIAL PATIENT INFORMATION

The following information is needed for our files so we can better serve you as a patient. Please fill in all portions of the form. If you need any help, please ask.

### How did you hear about Ageless Med Spa?

\_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Email:** \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies to any medications: \_\_\_\_\_

Are you currently taking any medications: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last Date of Appointment: \_\_\_\_\_ Reason: \_\_\_\_\_

Have you been treated by a physician for any health condition in the last year? YES or NO  
If YES why? \_\_\_\_\_

\_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

List any major surgeries: \_\_\_\_\_

\_\_\_\_\_

Do you have a Thyroid Problem? YES or NO

Do you have Diabetes? YES or NO

Females only:

Date of your last period? \_\_\_\_\_ Are you Pregnant? YES or NO

What are your treatment goals? \_\_\_\_\_

\_\_\_\_\_

Do you have a health savings or a flexible spending account? YES or NO

Are you interested in hearing about our in house financing options? YES or NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

