

Laser Cosmetic and Oculo-Facial Plastic Surgery

**Demographics NEW PATIENT**

Today's date

**Name:**

Last

First

Preferred First Name

**Address:**

Street

City

State

Zip Code

**Email addresses:**

1. Email address used most often

2. Do you have a Gmail address? YES NO

3. Gmail address, if you have one

4. How often do you use Gmail? DAILY MONTHLY YEARLY NEVER

**Phone numbers (we will generally use your cell phone):**

Home

Cell

Work

Birth Date

Age

Sex

**How did you hear about us?**

Referred by doctor:

Doctor's Name

Doctor's Address

Doctor's Phone number

Would you like us to send a letter that you were seen by us to your referring doctor? YES NO

Referred by friend/family:

Friend's Name

Friend's address or email address

Would you like us to send a thank-you note or email to your friend/family? YES NO

Internet:

Search words

Websites viewed

**Note:**

Does your cell phone receive text messages? YES NO