

___ **New Patient Data Form** ___ **Updated Patient Data Form** Acct. # _____

First Name: _____ Last Name: _____ Birth Date _____

Address: _____ may use to contact me

_____ Primary Language _____

Name of Significant Other: _____

Please check contact preference:

Home telephone: ___/___-___ may use to contact me

Work telephone: ___/___-___ may use to contact me

Cell telephone: ___/___-___ may use to contact me

E-Mail: _____ may use to contact me

Reason for visit/consultation:

Other Patient Interests. Please circle all that apply.

Facial Services:

- Face/Neck Lift
- Eyebrow/Forehead Lift
- Blepharoplasty (Eyelid Lift)
- UltraPulse Laser Resurfacing
- Nose Reshaping
- Cheek/Chin Reshaping
- Lip Enhancement
- Ear Reshaping
- Fat Injection – Filler
- Face fillers-Juvéderm™*
- Restylane*/Radiesse*/Belotero*
- Sculptra*
- Kybella*
- Botox® Cosmetic*/Xeomin*
- Scar Revision

Body Contouring Services:

- Breast Augmentation
- Breast Enlargement
- Breast Lift
- Liposuction Fat Removal
- Abdominoplasty (Tummy Tuck)
- Lipoabdominoplasty
- Brachioplasty (Arm Lift)
- Inverted Nipple Correction
- Gynecomastia (Male Breast Reduction)
- Thigh Lift
- Thigh/Buttock Lift
- Tattoo Removal (by excision)
- Feminine Intimate Surgery –
- Labiaplasty/Hymen Repair

Facial/Body Services-Non-Surgical

- Preventative and Corrective Skin Care
- Products/Treatments
- Laser Genesis Facial
- Microdermabrasion w/Serum Infusion
- Rosacea, Age/Sun Spots, Hyperpigmentation
- Preventing/Reversing Sun Damage
- Facial Capillary Removal
- Latisse® Eyelash Enhancement
- Ultherapy® Facial Skin Lifting
- Massage/Reflexology
- Cellulite Reduction/Endermologie/Lipomassage™
- ThermiVa Vaginal Rejuvenation
- truSculpt™ Body Shaping & Fat Reduction
- Leg Spider Veins
- Laser Hair Removal

*Non-surgical treatment administered by Board Certified plastic and cosmetic surgeon

Who or what referred you to our practice? _____

Have you seen our: Website ___ Yellow Pages ads ___ Newspaper ads ___ Television ads ___
(check all that apply)

Where else have you heard about or obtained information on our practice? _____

Have you received mailings from us? ___Yes ___ No

Please be advised that completing preliminary health and insurance questionnaires does not establish a physician-patient relationship with this practice. Dr. Steven Yarinsky will review your health history and conduct an initial evaluation to determine whether you are a suitable candidate and whether the practice will accept you as a patient.

I acknowledge that the above information is complete and accurate, and has been provided to Saratoga Springs Plastic Surgery, P.C. for the exclusive use of the practice in serving my interests and desire for treatment by Saratoga Springs Plastic Surgery, P.C. I reserve the right to provide updated information to the practice. The practice may periodically request that I update my patient information. The above information including general health history is only for initial discovery; additional information may be requested to qualify or disqualify me as a candidate for a certain procedure(s).

Patient Signature _____

Date _____