



Confidential Patient Information

Name: _____ Age: _____ Birth date: _____

Address _____ Phone _____

City: _____ State: _____ Zip: _____ Email: _____

Job Type: _____ SS#: _____

Marital Status _____ # of children _____

How were you referred? _____

Health History

Important! Please fill out completely! If you need help, Please ask.

Goals or expectations for procedure: _____

Serious Illnesses: _____

Any other Health Problems/Illnesses/Hospitalizations/Surgeries _____

Any known allergies or sensitivities _____

Current medications/reason: _____

Regular vitamins/herbs _____

Is there any possibility of current pregnancy? Yes No (Please Initial) _____

In Case of Emergency call:

Name _____

Relationship _____

Work Phone _____

Home Phone _____

Cell Phone _____

I have filled out the information to the best of my knowledge.

I understand that the Zerona lipolaser is not a medical or diagnostic procedure, and therefore does not diagnose, prevent or treat a disease.

I also clearly understand that if I do not follow the specific recommendations that I will not receive the full benefit from this program.

Signature

Date