

CURRENT MEDICAL INFORMATION

What type of problem will you be consulting Dr. Roland for today? _____

How long has the problem existed? _____

Please state the location of the problem: _____

Is there anything else you would like to tell us about why you are here today? _____

MEDICAL INFORMATION

Are you allergic to any medications? Yes ___ No ___

If yes, please list: _____

Please list any medications you are currently taking, including birth control and vitamins:

Medication _____ How Long? _____

Medication _____ How Long? _____

Medication _____ How Long? _____

Medication _____ How Long? _____

Medication _____ How Long? _____

PREVIOUS HOSPITAL ADMISSIONS

| <u>Procedure</u> | <u>Year</u> |
|------------------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

ARE YOU INTERESTED IN RECEIVING INFORMATION ABOUT:

- Botox
 - Laser Hair Removal
 - Removal of varicose and spider veins
 - Elite Skin Care products
 - Cellulite treatment, Endermology
 - Large Pores
 - Brown Spots
 - Flushing
 - Restylane
 - Collagen
 - Lipo Therapy / Mesotherapy
 - Massage therapy
 - Treatment of wrinkles and aging skin
 - Waxing
 - Would you like to be on our mailing list? _____
- How did you hear about us? _____

Please visit our website at: www.stanleysroland-do.com

Signature _____ Date ____/____/____