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

Procedure	Year
_____	_____
_____	_____
_____	_____
_____	_____

ARE YOU INTERESTED IN RECEIVING INFORMATION ABOUT:

____ Botox
____ Laser Hair Removal
____ Removal of varicose and spider veins
____ Elite Skin Care products
____ Cellulite treatment, Endermology
____ Permanent Make-up
____ Brown Spots
____ Flushing
____ Lunch Time Face Lift
____ Fillers - Restylane, Radiesse, Sculptra, Artefill, Perlane
____ Lipotherapy / Liposuction
____ Treatment of wrinkles and aging skin
____ Blue Light Therapy for acne and sun damage
____ 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 ____/____/____