

REGISTRATION INFORMATION / AESTHETIC & LASER BOUTIQUE  
(PLEASE PRINT)

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Patient:

\_\_\_\_\_

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Email \_\_\_\_\_

Marital Status : Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Patient/Parent Employed By: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_ How long has this condition existed? \_\_\_\_\_

D.O.B. \_\_\_\_\_ Patient SSN: \_\_\_\_\_

Parent's Social Security # \_\_\_\_\_

In case of emergency, please notify:

Relationship to patient: \_\_\_\_\_ Telephone: \_\_\_\_\_ Work/Cell number: \_\_\_\_\_

How did you hear about us?

Internet: \_\_\_\_\_

Website: \_\_\_\_\_

Insurance Handbook (which one) \_\_\_\_\_

Advertising Source \_\_\_\_\_

Yellow Pages (which) \_\_\_\_\_

Referring Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please initial that you understand that you may be seen by a Physician Assistant \_\_\_\_\_.

Please note that there is a charge equal to Deposit Amount for all **No Show** patients and patients not allowing 72-hr cancellation notice.

Patient

Signature: \_\_\_\_\_ Date: \_\_\_\_\_