

## Jeffrey D. Hoefflin, M.D., FACS, FICS Plastic and Reconstructive Surgery Diplomat, The American Board of Plastic Surgery

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## **PATIENT INFORMATION**

Name:						MI	A	Age:			
Name:		Last		First		MI					
Today's Date:		/	_SSC#:		Date	of Birth	ı:	/	/	'	
Sex: [ ] Male	[	] Female	Age:	Marital Stat	tus:	[ ] M	[ ]	S [	] D	[	] W
Mailing Address:											
City:											
Home Phone: (		)	-	_ Cell Phone: (		)		-			
E-mail Address:											
Employer:				Occupat	ion:						
Business Address:				Phone: <b>(</b>		)		_			
City:				State:			_Zip:	:			
Responsible Party:	[	Myself	[ ] Other								
If other, give name	and	l address: _									
Who referred you	ı to l	Dr. Hoeffli	n?								
What possible sur	rger	y do you d	esire?								
List any previous p	olasti	ic surgery (	include dates): _								
			<b>MEDICA</b>	L HISTORY							
Please carefully re your proper medic				-	•						
Family Physician:				Phone:	(	)		_			
Date of your last c	omp	lete physic	al examination: _	1 1			_				
Did it include the f	follo	wing? [ ]	EKG [ ] X-1	ray [ ] Lab	[ ]	Other: _					
Current Height:		_ft	in. Current W	eight:l	bs.	Desire	ed We	eight:			_lbs.
How much do you	smo	ke per day	? packs	How much do	you	drink? _					



## Do you have, or have you ever had any of the following:

[ ] Skin Cancer					
[ ] Chronic Skin Infections	[ ] Contact Lenses	[ ] Seizures			
[ ] Sores That Do Not Heal	[ ] Regular Eye Drop	[ ] Excessive Anxiety			
[ ] Diabetes	[ ] Dry Eyes	[ ] Excessive Depression			
[ ] Keloids or Bad Scars	[ ] Visual Difficulty	[ ] Excessive Fatigue			
[ ] Hepatitis/HIV	[ ] Hearing Difficulty	[ ] Suicidal Thoughts			
[ ] Blood Transfusion/Last 10 Years	[ ] Arthritis	[ ] Psychiatric Care			
[ ] Jaundice	[ ] Anemia	[ ] Eating Problems			
[ ] Heart Attack	[ ] Asthma	[ ] Difficulty With Anesthesia			
[ ] Stroke	[ ] Frequent Cough	[ ] Nausea After Surgery			
[ ] Heart Palpitations	[ ] Herpes or Cold Sores [ ] Unexpected Social Status				
[ ] Heart Murmur	[ ] Chronic Sore Throat [ ] Abnormal Lab Tests:				
[ ] High Blood Pressure	[ ] Urinary Tract Infections [ ] Low Pain Tolerance				
[ ] Mitral Valve Prolapse	[ ] Thyroid Problems [ ] Easy Fainting				
[ ] Legs Clots or Embolus	[ ] Severe Neck/Back Problem	S			
[ ] Ankle Swelling	[ ] Rheumatic or Scarlet Fever				
[ ] Poor Leg Circulation					
[ ] Blood Clots In Legs	Stomach ulcers or Heartburn				
[ ] Easy Bleeding/Bruising	[ ] Intestinal Bleeding/Ulcers				
<ul> <li>[ ] Diet Pills</li> <li>[ ] Aspirin, Motrin, NSAIDS, or Cortison</li> <li>[ ] Blood pressure or Heart Medicine or Y</li> <li>[ ] Birth Control Pills</li> <li>[ ] Other Recreational Drug Use</li> </ul> Are you allergic to any of the following the second of the second of the second of the second of the following the second of	Water Pill use [ ] Herbal Su [ ] Hormone	Supplements			
1. Medications:	oving. (Sist any that app.				
2. Foods:					
3. Other:					
Please list any and all medication					
1. Prescription Medications:					
2. Non-prescription Medications (incl	uding vitamins, aspirins, etc.):				
Patient Signature:		Data: / /			



Please check all the categories you may be interested in treating:

[ ] Acne	[ ] Lip Volumizing
[ ] Acne Scarring	[ ] Mole Removal
[ ] Aging Skin	[ ] Neck Rejuvenation
[ ] Broken Capillaries / Blood Vessels	[ ] Oily Skin
[ ] Cellulite	[ ] Permanent Makeup
[ ] Chest / Décolletage Rejuvenation	[ ] Pore Size
[ ] Crow's Feet (Eyes)	[ ] Restoration of Facial Volume
[ ] Dry Skin	[ ] Rosacea / Redness
[ ] Eyebrow / Eyelash Treatments	[ ] Scarring
[ ] Excessive Underarm Sweat / MiraDry	[ ] Skin Care Products
[ ] Facial Veins	[ ] Skin Rejuvenation
[ ] Fat Reduction	[ ] Skin Resurfacing
[ ] Fine Lines	[ ] Skin Tag Removal
[ ] Forehead Creases	[ ] Skin Tightening
[ ] Freckles	[ ] Smile Lines
[ ] Frown Lines	[ ] Stretch Marks
[ ] Hair Removal	[ ] Sun Damage / Brown Spots
[ ] Hand Rejuvenation	[ ] Texture Improvement
[ ] Leg Veins / Spider Veins	[ ] Under eye Issues
	[ ] Wrinkle Elimination
Other Interests:	
Notes:	



## **REFERRAL INFORMATION**

Pleas	se let us know how you <u>first</u> heard about Dr. Hoefflin. (Please check one)
[ ](	One of our patients:
[ ]F	Friend:
[ ] A	Another Doctor:
[ ] (	Online Search Engine(s) (i.e. Google or Yahoo):
[ ] (	Online: other site(s) (Please List):
[ ]T	Television:
[ ] Is	nterview:
[ ] (	Other (Please Explain):
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	www.mbc.ca.gov
I acknowledg	ge the above notice and understand that the physician is licensed and regulated by the board.
<b>Patient Sign</b>	nature: Date: / _ /