Flora Levin MD
COSMETIC EYELID SURGERY & FACIAL REJUVENATION

Cosmetic Patient Intake Form

Last Name: First : Gender: M ☐ F ☐

Single ☐ Married ☐ Widowed ☐ DOB:

Student ☐ Retired ☐ Unemployed ☐ Employed ☐ Occupation

Address : City :

State : Zip: E-mail :

Preferred method of communication : Email ☐ Cell Phone ☐ Other:

Home Ph. Cell Ph. Work Ph.

Emergency contact: Phone:

Which of the following are you interested in discussing today?

- ☐ Eyelid Surgery
- ☐ Botox
- ☐ Injectable fillers
- ☐ Laser procedures
- ☐ Skin care products
- ☐ Other:_____

Have you had any of the following procedures done before?:

- ☐ Eyelid surgery or facelift
- ☐ Botox
- ☐ Injectable fillers
- ☐ Laser procedures
- ☐ Other_____

Referral source: Physician_____ Internet search_____

Friend _____ Other _____

initial _____

Primary Care Physician:_____Phone No:_____

Preferred Pharmacy:_____Street/ Town_____

HEALTH INFORMATION:

Current medications _____

Allergies to medications:_____

Do you smoke: Yes No Frequency:_____ Previous smoker: Yes No

Please indicate if you have or have had any of these medical conditions:

- ☐ Allergies/ hay fever
- ☐ Cancer
- ☐ Gastric/ stomach disorders
- ☐ Kidney disorders:
- ☐ High blood pressure
- ☐ Heart stent(s)
- ☐ Lung disorders
- ☐ Seizure disorders
- ☐ Sinus infections:
- ☐ Major surgery:_____

  _____
- ☐ Eye disease: _____

  _____
- ☐ Asthma
- ☐ Diabetes
- ☐ Hard of hearing
- ☐ Headaches
- ☐ Heart attack
- ☐ Other heart condition
- ☐ Seizure disorders
- ☐ Neurological disorders
- ☐ Skin disorders
- ☐ Thyroid disorders
- ☐ Currently pregnant or nursing
- ☐ Urinary disorders
- ☐ Problems with local or general anesthesia

initial _____

COMMUNICATION RELEASE

As a result of the Health Insurance Portability and Accountability Act (HIPAA), enforced by the US Department of Health and Human Services offices of Civil Rights, we are not permitted to release patient information except as stated in the Notice of Privacy Practices, or in accordance with your wishes, as stated below.

This waiver authorizes Flora Levin, MD to send or receive my medical information as noted (please circle):

Leave a **VOICEMAIL** recording, including my personal health information, on my phone: **YES** **NO**

Use of electronic communication systems (i.e. **FAX, TEXT)** to transmit prescriptions, disorder related information, lab results: **YES** **NO**

Use of **EMAIL** to transmit treatment or disorder related information which may include a diagnosis, lab or other results, even if the email is not encrypted: **YES** **NO**

CONSENT FOR PHOTOGRAPHS

I grant permission to the staff of Flora Levin, MD to obtain photographs of me as they deem necessary to show response to treatment and to assist in treatment decisions. I understand that my photographs may be used for teaching/ educational purposes.

_____ _____

Signature of patient or guardian Date

FINANCIAL POLICIES

Cancellation and No-Show policy:
We allow a significant amount of time for each appointment. If you do not show for an appointment, or cancel a cosmetic appointment with less than 24 hours notice, you may be subject to a $250 fee.

Surgical appointments: A $500 deposit will be taken when a cosmetic surgical appointment is scheduled. 10 days notice is required for rescheduling or cancelling of these appointments. Payment in full is required no later than 7 days prior to your surgical appointment. If payment is not received by this time, your appointment will be cancelled.

Payment Methods:
We accept cash, check, and all major credit cards as forms of payment. A returned check fee of $50 will be assessed for any returned checks.

ACKNOWLEDGEMENT OF UNDERSTANDING OF POLICIES:

I have read, understood, and agree to all the above financial policies and office policies of Flora Levin, MD. I certify that the information provided is correct to the best of my knowledge.

_____ _____

Signature Date

Fitzpatrick Classification Questionnaire

SCORE		0	1	2	3	4
	What is the natural color of your hair?	Sandy red	Blond	Chestnut, dark blond	Dark brown	Black
	What is the eye color?	Light blue, Gray, Green	Blue, Gray, Green	Blue	Dark Brown	Brownish Black
	What is the color of sun unexposed skin areas?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
	How many freckles on unexposed skin areas?	Many	Several	Few	Incidental	None
	What happens when you are in the sun TOO long without sunblock?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns, sometimes followed by peeling	Rarely burns	Never had a problem
	How well do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark very quickly
	Do you turn brown within one day of sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
	When did you last expose yourself to the sun or artificial sun treatments?	More than 3 months ago	2-3 month ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
	Do you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always
	TOTAL					

- 00-07 points = Skin type I
- 08-16 points = Skin type II
- 17-25 points = Skin type III
- 25-30 points = Skin type IV
- 30-40 points = Skin type V & VI

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