Nasseri Medical Centre

LAST/ FAMILY NAME: _____ FIRST/GIVEN NAME: _____

BIRTHDATE (Day) _____ (Month) _____ (Year) _____ SEX: (M) _____ (F) _____

CARE CARD # _____ VERSION CODE ( )

MARITAL STATUS: _____ NAME OF SPOUSE: _____

OCCUPATION: _____

STREET ADDRESS: _____ APT# _____

CITY: _____ POSTAL CODE: _____

HOME PHONE # _____ BUSINESS PHONE # _____

CELL PHONE # _____ EMAIL ADDRESS: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

PLEASE INDICATE THE METHODS OF CONTACT YOU PREFER:

☐ MAIL ☐ EMAIL ☐ CELL PHONE ☐ HOME PHONE ☐ BUSINESS PHONE

HOW DID YOU HEAR ABOUT OUR CENTRE? ☐ DOCTOR'S REFERRAL (print name): _____

☐ FRIEND/CURRENT PATIENT (print name): _____

☐ ATTENDED SEMINAR (print date/location): _____

☐ ARTICLE/ADVERTISEMENT (indicate publication): _____

☐ OTHER (please explain): _____

PAST MEDICAL HISTORY

Have you ever had or do you have:

Lung Disease/COPD/Asthma _____

Anaemia (low blood) _____

Cancer_____ Type _____

Diabetes _____

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PAST MEDICAL HISTORY (CONT.)

DVT (blood clot in leg) _____

Epilepsy or seizures _____

Eye Disease/Glaucoma _____

Congestive Heart Failure/ Heart disease/Heart Attacks _____

High blood pressure _____

Kidney disease _____

Anxiety/Depression_____

Skin Disease_____

STDs _____

Stroke _____

Sleep Disorder _____

Thyroid disease _____

Urinary difficulties _____

Weight control difficulties _____

Other _____

PAST SURGICAL HISTORY

_____

_____

_____

_____

_____

_____

205-2773 Barnet Highway, Coquitlam, BC V3B 1C2
Tel: 778.285.6088 Fax: 778.285.6081
www.drnasseri.com

Nasseri Medical Centre

MEDICATIONS

Name	Dose	Frequency

ALLERGIES

Please list the drugs & foods you have allergies to and describe the reaction you have to each:

_____

_____

GENERAL INFORMATION

Current Family Physician:_____

Name any specialists you have seen and the date of consultation:

_____

_____

Are you currently seeing any other allied health professionals? YES _____ NO _____

If yes, which ones?

☐ Physiotherapist
☐ Occupational Therapist
☐ Massage Therapist
☐ Psychologist
☐ Homeopath
☐ Dietician
☐ Nutritionist
☐ Chiropractor
☐ Naturopath
☐ Other: _____

I have read and understand all of the above information and have answered the questions accurately and honestly to the best of my ability.

Signature: _____ ***Date:*** _____

Nasseri Medical Centre

The Nasseri Medical Centre currently offers health and medical services as well as the following medspa services: Botox, Restylane, Juvederm, Teosyal, medical facials, chemical peels, acne and rosacea treatments, vein treatments, aromatherapy and massage to name a few.

Are there any other services you would like us to offer?

_____
_____
_____
_____

Did you find our website www.drnasseri.com useful?

YES _____ NO _____ Haven't see it yet _____

Do you have any suggestions for improving our website?

_____
_____
_____
_____

Would you like to receive more information or attend future seminars on cosmetic rejuvenation?

☐ YES ☐ NO

Please <u>CHECK</u> each topic of interest.

- ☐ Skin Care Products
- ☐ Eliminating Excessive Sweating
- ☐ Improving Sun Damaged Skin
- ☐ Reducing Wrinkles
- ☐ Laser Resurfacing
- ☐ Injectable Fillers Materials:
  - ☐ Restylane
  - ☐ Juvederm
  - ☐ Teosyal
  - ☐ Artecoll
  - ☐ Collagen
  - ☐ Perlane
  - ☐ Reviderm
  - ☐ Hylaform
- ☐ Maintaining a Youthful Appearance
- ☐ Glycolic Peels
- ☐ Improving Skin Tone/Texture/Colour
- ☐ BOTOX Cosmetic™
- ☐ Removal of Moles/Skin Tags
- ☐ Enhancing & Defining Lips
- ☐ Laser Hair Removal
- ☐ Cosmetic Plastic Surgery
- ☐ Eliminating Acne/Facial Scars
- ☐ Treatment of Rosacea
- ☐ Eliminating Leg Veins
- ☐ Minimizing Pore Size
- ☐ Treatment of Age Spots
- ☐ Other: _____

By indicating above that you would like to receive more information, and signing below, you are agreeing that we may contact you in the future regarding updates or changes to our services.

Signature: _____ ***Date***: _____

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