Corbett Cosmetic Surgery

Chart #_____ Date _____

Name_____ DOB_____ Age_____

Address _____

City _____ State_____ Zip_____

Home # _____ Cell #_____ Social Security # _____

E-Mail Address _____

Name of Employer _____ Work Phone _____

Preferred way for us to contact you:_____

Emergency Contact Name and Number: _____

How did you learn of our office: Friend Former Patient Doctor

Advertisement: Radio TV Magazine Yellow Pages

Procedure(s) you are interested in: _____

List **all** Medications (Prescription & Over the Counter):

_____

Medical Problems _____

Surgeries _____

List all Drug, Food, or Latex Allergies _____

Are you currently medicated for 1. Depression 2. Anxiety 3. Bipolar

Height _____ Weight _____

Do you smoke Cigarettes? Yes No Packs per Day_____ For how long?_____

If you quit smoking, how long has it been? _____

Assignment of Benefits

I hereby assign all medical/surgical benefits, including private insurance and any other health plan to Lee E. Corbett, M.D. and Louisville Plastic Surgery, PLLC dba Corbett Cosmetic Surgery.

I accept responsibility for all non-covered services and I hereby authorize the release of pertinent medical information to medical insurance carries and other according to the notice of Privacy Policy and Practices.

Signature: _____ Date:_____