

# STRAITH CLINIC

Please make every effort to fill out the following information clearly. This information is held confidentially.

\*\*\*\* PLEASE PRINT \*\*\*\*

Mr. Ms. Mrs. Dr.

Name \_\_\_\_\_

Single  Married  Divorced  Widow

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact information:

Home (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Doctor you wish to see \_\_\_\_\_

No preference \_\_\_\_\_

### Insurance Information

Name of health insurance company: \_\_\_\_\_

\_\_\_\_\_

Name on insurance card: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy/ID #: \_\_\_\_\_

Employer of card holder: \_\_\_\_\_

Where employed \_\_\_\_\_

Occupation \_\_\_\_\_

Have you ever been to the Straith Clinic before?

Yes  No

If yes,

Approximate year: \_\_\_\_\_

Previous name?: \_\_\_\_\_

Procedures(s) you are contemplating: \_\_\_\_\_

\_\_\_\_\_

**Please help us find out what source(s) you used for your research on cosmetic surgery and/or plastic surgeons.**  
(check all that apply)

Straith Clinic Website

Other Internet Source: (please name website if possible) \_\_\_\_\_  
Facebook, FaceForum, Google, Healthgrades, ImplantInfo, Liposite, LocateAdoc, LookingYourBest, PlasticSurgeryORG,  
RealSelf, RateMDs, Website EMAIL, Vitals, Yelp

Reputation

Recommendation or Referral (Please name person, ie., former patient, doctor) \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

**NOTE: Patient records are maintained for the required period of ten years. If you desire copies of your records, they must be requested in writing prior to that time frame. Taping of all consultations is strictly forbidden without prior written consent of the patient, doctor, and/or employee. Please acknowledge by signing.**

\_\_\_\_\_

patient (if minor, parent/legal guardian) \_\_\_\_\_ Date \_\_\_\_\_