

7971 Moorsbridge Road
Portage, MI 49024
269 329 2900
1 800 273 3990
Fax 269 329 1408



3600 Capital Ave. S.W., Suite 205
Battle Creek, MI 49015
269 979 0900
1 800 321 1165
Fax 269 979 0901

Scott D. Holley, M.D. • Raghu G. Elluru, M.D.

WELCOME TO OUR OFFICE!

Doctor _____ Date: _____

Patient's Name: First _____ MI _____ Last _____ Maiden _____

Date of Birth _____ Sex M F Soc Security No. _____ Marital Status S M W D

Patient Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____
to receive occasional announcements

Patient Employer _____ Employer Address _____

Patient Occupation _____

IF PATIENT IS A MINOR, name of person responsible for account: _____

Relationship _____ Date of Birth _____ Social Security No. _____

Employer _____ Work Phone _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION

Contact Name #1 _____ **Contact Name #2** _____

Relationship to Patient _____ Relationship to Patient _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

RELEASE OF INFORMATION

If at some time it becomes necessary to leave messages pertaining to my medical record, such as diagnostic testing or appointments with another individual, please refer to the persons listed below.

I, _____ hereby authorize Great Lakes Plastic, Reconstructive & Hand Surgery to discuss my medical record and/or care with the following persons:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

I do not wish to have information about my medical record given to anyone but myself.

This Release applies to all health information in my medical record as identified by HIPAA guidelines. I authorize medical treatment to be released as indicated above.

This Release will be in effect until _____ (date) and may be updated at anytime.

Patient Signature Date

Witness Signature Date

COSMETIC INTEREST QUESTIONNAIRE

Our practice offers you the safest, most advanced technologies for facial rejuvenation and overall physical rejuvenation.

Please check all of the following that you would like to discuss today.

- | | |
|---|--|
| <input type="checkbox"/> Laser Skin Resurfacing | <input type="checkbox"/> Breast Augmentation (enlargement) |
| <input type="checkbox"/> Cosmetic treatment for wrinkles (BOTOX, fillers) | <input type="checkbox"/> Breast Reduction |
| <input type="checkbox"/> Medical Skin Rejuvenation / Skin Care advice | <input type="checkbox"/> Breast Lift |
| <input type="checkbox"/> Treatment for spider veins (leg and/or facial) | <input type="checkbox"/> Nose Surgery |
| <input type="checkbox"/> Liposuction | <input type="checkbox"/> Eyelid Surgery |
| <input type="checkbox"/> Tummy Tuck | <input type="checkbox"/> Facelift |
| <input type="checkbox"/> Thigh/Buttock Lift | <input type="checkbox"/> Neck Lift |
| <input type="checkbox"/> Upper Arm Lift | <input type="checkbox"/> Forehead / Brow Lift |
| <input type="checkbox"/> Scar Revision | <input type="checkbox"/> Ear Pinning |
| <input type="checkbox"/> Other _____ | |

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number:

- When looking in the mirror, how concerned are you about the appearance of your face and neck?

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

- When looking in the mirror, how concerned are you about the appearance of your body?

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

How did you hear about our practice (if known):

- | | |
|--|--|
| <input type="checkbox"/> Yellow Pages (name): _____ | <input type="checkbox"/> Friend or family (name): _____ |
| <input type="checkbox"/> Newspaper ad (name): _____ | <input type="checkbox"/> Physician referral (name): _____ |
| <input type="checkbox"/> Radio ad (name): _____ | <input type="checkbox"/> Internet (list website or search engine): _____ |
| <input type="checkbox"/> TV ad (name): _____ | _____ |
| <input type="checkbox"/> Other (please specify): _____ | |