

Today's Date

Phone: (310) 271-5954

Consultation for:

Name

Email

Please note: Our office staff may communicate using email, unencrypted text or skype.

Date of Birth

Home Address

City

State

Zip

Bill Address

(If different)

City

State

Zip

Phone

Cell

Home

Occupation

Work Number

Emergency Contact

Emergency Contact Name

Emergency Contact Number

- ☐ Eyes
- ☐ Nose
- ☐ Breast
- ☐ Chin
- ☐ Facelift
- ☐ Necklift
- ☐ Browlift
- ☐ Mid-facelift
- ☐ Liposuction
- ☐ Tummy Tuck
- ☐ Cheek/Jawline
- ☐ Botox/Injection
- ☐ Other

No	Yes	Health History/Permission for Treatment	Comments
<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Please list)	
<input type="checkbox"/>	<input type="checkbox"/>	Medications (Include herbals, cold medicine, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	Illness (Including herpes/cold sores)	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of medical problems (Please list)	
<input type="checkbox"/>	<input type="checkbox"/>	Prior surgeries (Please list)	
<input type="checkbox"/>	<input type="checkbox"/>	Aspirin, Motrin, or other pain reliever (besides Tylenol) in the last 2 weeks	
<input type="checkbox"/>	<input type="checkbox"/>	History of bleeding problems or blood clots	
<input type="checkbox"/>	<input type="checkbox"/>	Current pregnancy/missed menstrual period	
<input type="checkbox"/>	<input type="checkbox"/>	Smoking history/year quit	
<input type="checkbox"/>	<input type="checkbox"/>	I want to be informed of sales and promotions	

Options and Treatment

To help us tailor the consult to suit your needs	
How much time is available to you to recover before returning to work or social function?	_____ days _____ weeks _____ months
What is your projected date of surgery?	Approximately:
What is your budget (price list available online and in office)?	\$
How certain are you about proceeding with surgery with Dr. Lee?	<input type="checkbox"/> More than 90% <input type="checkbox"/> 75%-90% <input type="checkbox"/> 50%-75% <input type="checkbox"/> <50%
How many plastic surgeons are you evaluating in addition to Dr. Lee?	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> More
Are you interested in participating in our program for full face photo use online in exchange for a reduced fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

How you found us (check all that apply):	
Search Engine: What key words were used?	Key Words:
Youtube: What key words were used?	Key Words:
Review sites used	Site Names:
Referred by: immediate friend or family (name if possible)	Name:
Referred by patient on online forum	Site Name:

We accept credit cards, money order, cash, cashier’s check, or financing (for example, carecredit.com). We do not accept insurance.

I understand general risks of

Surgery, IPL/laser, or other treatment to be re-surgery/re-treatment, poor result, anesthesia complications, risk to health and prolonged hospitalization, additional costs from complications, scarring, others. No refunds. Results not guaranteed.
Risks of Botox to be allergic reaction, bruising, temporary facial muscle weakness, others. Minimum \$100 touch-up fee for re-injection or treatment failure (within 1-2 weeks). Jaw injection: \$300 touch-up fee within 4 weeks. No refunds. Results not guaranteed.
Risks of filler injections to be scarring, poor reaction, permanent skin damage, others. Minimum \$200 touch-up fee for treatment failure (within 1-2 weeks). Results not guaranteed.

HIPAA/Privacy notice was made available to me.

I give consent for current and future indicated treatments, and terms are acceptable to me.

Signature (Please sign in office)

Date