

Joseph E. Berg, M.D.

Cosmetic Plastic Surgery Institute & Day Spa Retreat

Patient Medical Information

PLEASE COMPLETE ALL ITEMS (PLEASE PRINT)

Date:	Patient Name: Last	First	MI	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Street Address:	City: State: Zip Code:			Home Phone Number () Cell Phone Number () Work Phone Number ()
E-Mail Address:	Birth Date	Age	Race	Sex
Occupation (indicate if student):		Employer:	Employer Address (include city and state):	
How were you referred to our office? If referred by whom?				
Reason for visit (please describe):			Have you consulted your Primary Care Physician and/or any other Plastic Surgeon(s) about this? If yes please list doctor(s) Name/address/phone	
List and describe any other medical problems or conditions:				
Surgeries/Injuries Treatment Facility				
Type of surgery/injury	Year	Doctor	After Effect	
Do you use alcohol? <input type="checkbox"/> Never <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally	Do you Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I Quit	Packs per day?	How many years?	
Please Check any of the following conditions that you have had:				
Asthma	Poor wound healing	Cancer	Liver Disease	Reaction to Anesthesia
Anemia	High Blood Pressure	Eczema	Pacemaker	Heart Disease
Ulcers	Thyroid Condition	Seizure		Hay fever
Kidney Disease	Hives	Diabetes	Keloids(overgrowth scar)	
Tuberculosis	Reaction to local anesthetic		Excessive Bleeding when cut	
Height	Weight	Lbs lost or gained in last year _____ Lost Gained	Have you used Phen-Phen? Yes No	

PRIVACY PRACTICES ACKNOWLEDGEMENT

Cosmetic Plastic Surgery Institute and Day Spa

498 E 800 N – Stratford Park – Orem, Utah 84097

ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name _____ Birth date _____

Signature _____ Date _____

I wish Dr. Berg or his staff to share information with: _____.

Relationship: _____.

In case of emergency or other necessity, please indicate your closest friend or relative.

Name: _____ **Phone Number:** _____.

I give my permission to confirm appointments by:

Message on answering machine YES NO

Message with family member YES NO

Message with anyone answering YES NO

Name of Patient (Print) _____ **DOB** _____

Signature of Patient _____ **Date** _____

ADVERTISING QUESTIONNAIRE

1. How did you hear about us?
 - a. Internet
 - b. Phone Book
 - c. Reference
 - d. Other _____
2. If referred by whom? _____
3. If by Internet what sight and steps did you take to find our office information or website?
 - a. Ask.com
 - b. Google
 - c. Dex Online
 - d. Yellow Pages Online
 - e. Other _____
4. What were some of the key words used in your search? _____
5. Was the information on our website easy to use and was it informative? _____
6. If by phonebook which directory did you use?
 - a. Dex
 - b. Yellow Pages
 - c. Yellow Book
 - d. Phone Directories
 - e. Other _____
7. Was our ad easy to find and was the information informative? _____
8. What information about a plastic surgeon would be best to know in helping you choose a specific doctor? _____
9. Can you think of anything that would make this process easier? _____