PLASTIC SURGERY CLINIC
OF EAU CLAIRE

EMBER EWINGS, MD

PATIENT INFORMATION

This record will become part of your permanent file.

Please write legibly and complete both sides.

☐ M ☐ F

NAME: FIRST MIDDLE LAST DATE OF BIRTH AGE SOC SEC. #

ADDRESS CITY STATE ZIP HOME PH. CELL PH.

☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ FULL TIME STUDENT

EMPLOYER / SCHOOL: NAME & ADDRESS PHONE

NAME OF SPOUSE / PARENT (IF UNDER 18): **SPOUSE / PARENT'S EMPLOYER** NAME & ADDRESS PHONE

FAMILY DOCTOR: NAME & ADDRESS PHONE

REFERRED BY: YOUR DOCTOR'S NAME & ADDRESS PHONE

OR REFERRED BY (PLEASE SPECIFY): ☐ FRIEND ☐ YELLOW PAGES ☐ WEBSITE ☐ PROFILES ☐ OTHER

PRIMARY INSURANCE NAME SUBSCRIBER NAME SUBSCRIBER DOB SUBSCRIBER SS#

SUBSCRIBER NO. GROUP NO. GROUP NAME

REASON FOR VISIT:

IF DUE TO INJURY: DATE OF INJURY WHERE INJURY HAPPENED HOW INJURY HAPPENED

WORK RELATED ☐ YES ☐ NO EMPLOYER'S ADDRESS COMP. CARRIER CLAIM NO.

Put me on your office informational MAILING LIST: ☐ YES ☐ NO EMAIL ADDRESS _____

I acknowledge that I have received written Notice of Privacy Practices from Plastic Surgery Clinic of Eau Claire.

I authorize release of any medical information which may be requested by my insurance company concerning my present illness or injury. I authorize payment of any medical benefits to which I am entitled for services provided by Plastic Surgery Clinic of Eau Claire. I understand that I am financially responsible for any charges not paid by my insurance company. I understand no claims will be filed with my insurance carrier/Medicare/Medicaid for cosmetic procedures and that I am responsible for any costs associated with consultation or surgery.

☐ THE PATIENT'S CONDITION PROHIBITS THE INDIVIDUAL FROM SIGNING AN ACKNOWLEDGEMENT AT THIS TIME. IT WILL BE OBTAINED AS REASONABLY PRACTICABLE AFTER THE PATIENT'S CONDITION IMPROVES.

☐ ACKNOWLEDGEMENT WAS UNABLE TO BE OBTAINED. REASON _____

PATIENT OR PERSONAL REPRESENTATIVE DATE

PLASTIC SURGERY CLINIC
OF EAU CLAIRE

EMBER EWINGS, MD

HEALTH QUESTIONNAIRE

NAME: FIRST MIDDLE LAST DATE OF BIRTH TODAY'S DATE

PERSONAL HISTORY:	**YES**	**NO**	**REMARKS**
TUBERCULOSIS	☐	☐	_____
DIABETES	☐	☐	_____
HEART CONDITION	☐	☐	_____
STROKE	☐	☐	_____
ANEMIA	☐	☐	_____
CANCER	☐	☐	_____
EPILEPSY	☐	☐	_____
NERVOUS DISORDER	☐	☐	_____
ASTHMA / HAY FEVER	☐	☐	_____
PACEMAKER / ICD	☐	☐	_____
IMPLANTS	☐	☐	_____
INFECTIONS	☐	☐	_____
BLEEDING HISTORY	☐	☐	_____
HEPATITIS	☐	☐	_____

BLOOD PRESSURE HIGH ☐ LOW ☐ NORMAL ☐

OTHER DISEASES _____

PERSONAL OR FAMILY HISTORY	**YES**	**NO**
MALIGNANT HYPERTHERMIA	☐	☐
UNEXPECTED DEATH	☐	☐
SINUSITIS	☐	☐
NEUROMUSCULAR DISORDER	☐	☐
UNANTICIPATED FEVER FOLLOWING GENERAL ANESTHESIA	☐	☐

ALLERGIES & SENSITIVITIES:	**YES**	**NO**	**REMARKS**
PENICILLIN	☐	☐	_____
SULFA DRUGS	☐	☐	_____
OTHER ANTIBIOTICS	☐	☐	_____
ASPIRIN	☐	☐	_____
CODEINE	☐	☐	_____
PERCOCET	☐	☐	_____
VICODIN	☐	☐	_____
ANESTHETICS	☐	☐	_____
ADHESIVE TAPES	☐	☐	_____
LATEX	☐	☐	_____

FOODS _____

PREVIOUS SURGERIES AND DATES: _____

HAVE YOU HAD ANY COSMETIC SURGERY? ☐ YES ☐ NO

IF YES, PLEASE SPECIFY: _____

NO. OF PREGNANCIES: _____ NO. OF CHILDREN: _____

LAST MENSTRUAL PERIOD: _____

CURRENT MEDICATIONS AND VITAMINS: _____

LAST PHYSICAL CHECKUP: _____

HEIGHT _____ WEIGHT _____

GENERAL HEALTH: _____

DO YOU TAKE COUMADIN/WARFARIN/PLAVIX? ☐ YES ☐ NO

DO YOU SMOKE? ☐ YES, HOW MUCH: _____ ☐ NO

CONSUME ALCOHOL? ☐ YES, HOW MUCH: _____ ☐ NO

HAVE YOU EVER CONSULTED A PSYCHIATRIST? ☐ YES ☐ NO

ARE YOU CURRENTLY SEEING A PSYCHIATRIST? ☐ YES ☐ NO

IF YES, PSYCHIATRIST'S NAME, ADDRESS & PHONE _____

PLASTIC SURGERY CLINIC
OF EAU CLAIRE

EMBER EWINGS, MD

PATIENT INTEREST

NAME: FIRST MIDDLE LAST TODAY'S DATE

BREAST SURGERY

- ☐ BREAST AUGMENTATION (ENLARGEMENT)
- ☐ MASTOPEXY (BREAST LIFT)
- ☐ BREAST REDUCTION (FEMALE)
- ☐ BREAST IMPLANT EXCHANGE/REMOVAL
- ☐ GYNECOMASTIA (MALE BREAST REDUCTION)
- ☐ POST-MASTECTOMY RECONSTRUCTION
- ☐ TREATMENT OF BREAST ASYMMETRY
- ☐ TREATMENT OF INVERTED NIPPLE

FACIAL COSMETIC SURGERY

- ☐ FACE LIFT/CHEEK & NECK LIFT
- ☐ BROW LIFT
- ☐ UPPER EYELID BLEPHAROPLASTY
- ☐ LOWER EYELID BLEPHAROPLASTY
- ☐ CHIN ENHANCEMENT
- ☐ CHEEK ENHANCEMENT
- ☐ FAT INJECTIONS (FOR LACK OF FACIAL VOLUME)

NASAL SURGERY

- ☐ RHINOPLASTY (COSMETIC NASAL SURGERY)
- ☐ SEPTOPLASTY (CORRECTION OF DEVIATED SEPTUM)
- ☐ NASAL TIP IMPROVEMENT

COSMETIC EAR SURGERY

- ☐ OTOPLASTY (EAR PINNING)
- ☐ EAR LOBE REDUCTION
- ☐ REPAIR TORN EARLOBE

SURGICAL BODY CONTOURING

- ☐ ABDOMINOPLASTY (TUMMY TUCK)
- ☐ THIGH LIFT
- ☐ MOMMY MAKEOVER
- ☐ SKIN REMOVAL AFTER MAJOR WEIGHT LOSS
- ☐ BRACHIOPLASTY (UPPER ARM LIFT)
- ☐ BUTTOCK LIFT
- ☐ SUCTION-ASSISTED LIPECTOMY (LIPOSUCTION):
  - ☐ ABDOMEN
  - ☐ NECK/CHIN
  - ☐ ARMS
  - ☐ THIGHS
  - ☐ KNEES
  - ☐ HIPS

NON-SURGICAL BODY CONTOURING

VIORA REACTION

- ☐ CELLULITE REDUCTION
- ☐ SKIN TIGHTENING
- ☐ CIRCUMFERENTIAL REDUCTION (ARMS, THIGHS, TUMMY)
- ☐ NECK/JOWLS/CHIN TIGHTENING

PELLEVÉ WRINKLE REDUCTION SYSTEM

- ☐ FACIAL WRINKLE REDUCTION
- ☐ TREATMENT OF LINES AROUND MOUTH OR NASOLABIAL FOLDS
- ☐ TREATMENT OF EYE AREA

FACIAL REJUVENATION

CLINICAL TREATMENTS

- ☐ LASER RESURFACING
- ☐ MICROLASER PEEL
- ☐ PROFRACTIONAL LASER TREATMENT
- ☐ BOTOX®/DYSPORT®
- ☐ DERMAL FILLERS

SPA TREATMENTS

- ☐ MICRODERMABRASION
- ☐ CHEMICAL PEELS
- ☐ CLINICAL FACIALS
- ☐ BROADBAND LIGHT (PHOTO FACIALS)
- ☐ HALO HYBRID FRACTIONAL LASER
- ☐ LASER HAIR REDUCTION
- ☐ HAIR REDUCTION (WAXING)
- ☐ ACNE TREATMENTS
- ☐ ROSACEA TREATMENTS
- ☐ LATISSE® (FOR THICKER, DARKER, LONGER LASHES)
- ☐ ENZA ESSENTIALS CUSTOMIZED SKIN CARE
- ☐ MAKE-UP CONSULTATION

OTHER

- ☐ VAGINAL REJUVENATION (DIVA LASER, LABIAPLASTY)
- ☐ SCAR IMPROVEMENT
- ☐ MOLE OR LESION REMOVAL
- ☐ TREATMENT FOR SKIN CANCER
- ☐ LASER NAIL FUNGUS TREATMENT
- ☐ HAND REJUVENATION OR CARPAL TUNNEL SYNDROME
- ☐ OTHER : _____

CLINIC LOCATION:

- ☐ EAU CLAIRE
  3221 STEIN BLVD.
- ☐ RIVER FALLS
  1687 E DIVISION ST.
- ☐ DURAND
  1220 3RD AVE. W

PLEASE TELL US HOW YOU FIRST HEARD ABOUT US

- ☐ FRIEND
- ☐ INTERNET
- ☐ TELEVISION
- ☐ DOCTOR REFERRAL
- ☐ RADIO
- ☐ BILLBOARD
- ☐ PRINT AD
- ☐ SEMINAR
- ☐ OTHER: _____

WHAT PROMPTED YOU TO MAKE THIS APPOINTMENT?

_____

_____

_____

_____