BEVERLY HILLS PROFILES

9201 WEST SUNSET BOULEVARD SUITE M-130 WEST HOLLYWOOD, CA 90069

www.beverlyhillsprofiles.com

(310) 276-6800

1. Please specifically give the reason for your visit:							
2. Please list all drug-related allergies or intolerances (or indicate none):							
3. Are you under a doctor's care? No	Yes NAME of physician:						
PHONE:	ADDRESS:						

Date of last complet e physical examination _____

4. Do you have (or have you had) any of the following ailments?

PAS	5T		PRESE	NTLY		PAS	ST		PRES	SENTLY	PLEASE ANSWER
YES	NC)	YES	NO		YES	NC)	YES	S NO	Do you currently smoke? Yes No
		Heart trouble						Nasal allergy			How many packs per day?
		Mitral valve prolapse						Post-Nasal discharge			Have you ever smoked? Yes No
		Diabetes						Headaches			How long? Years
		Ulcers						Sinus infections			Do you drink alcohol? Yes No
		Anemia						Nose bleeds			# drinks per day
		Kidney Problems						Difficulty breathing			
		Asthma/Lung trouble						through nose			History of drugs or alcohol dependency?
		High blood pressure						Pregnant			Drugs Alcohol
		HIV/AIDS									
		Hepatitis									

5. List all medications you are currently taking (including over the counter medicines, aspirin or aspirin containing medicines, birth control pills, diet pills, Vitamin E, or herbal preparations), along with the dosage and frequency:

6. List all previous operations or major illnesses you have had, along with approximate dates:

7.	Do you have a history of inc Have you ever been under th Do you wear glasses or cont Do you have a history of bac	ereased b ne care o acts? d scarrin	leeding tender f a psychiatris		YES	NO			
8.	Family History	YES	NO		YES	NO			
	Alcoholism			High Blood Pressure					
	Heart Attacks			Anesthetic Problems					
	Bleeding Tendencies			Allergies				HEIGHT:	WEIGHT:
	Diabetes			Strokes					
	Myasthenia Gravis								

This information is correct and complete to the best of my knowledge, and I give my permission for you to contact and communicate with my physicians and insurance company.

(Signature) _____