☐ Dr. Jaime Garza, MD.
☐ Dr. Delio Ortegon, MD.
☐ Dr. Donald Novick, MD.
☐ Dr. Quintessa Miller, MD.
☐ Dr. Anna Lisa Chavana, MD.
☐ Dr. Joseph A. Garza, MD.

21 Spurs Lane, Suite 110
San Antonio, Texas 78240
(210) 881-6277

Liposculpting and Center for Regenerative Medicine

Patient Name: _____ Date:_____
Birth date: _____ Age: _____ SSN: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (_____)_____ Mobile: (_____)_____
Marital Status: _____Single _____Married to: _____ Other:_____
Email Address: _____

Who may we thank for referring you? Or, How did you hear about us? _____
_____

Occupation:_____ Employer:_____
Employer's Address:_____
City: _____ State: _____ Zip Code: _____
Telephone: (_____)_____

PERSONAL PHYSICIAN
Name of personal/regular physician: _____
Address: _____
Business Telephone: (_____)_____ Fax: (_____)_____
Date of last physical examination: _____
PCP Referral Required: Yes No Referral on File? Yes No

Medical History

Any Present Illness? ☐ No ☐ Yes Explain: _____

Current/Past Medical History:

Do you or have you had:	Yes	No		Yes	No
Prolonged bleeding when cut	☐	☐	Fainting or black out episodes	☐	☐
High blood pressure	☐	☐	Ulcer disease	☐	☐
Heart disease or attack	☐	☐	Hepatitis	☐	☐
Heart murmur or disorder	☐	☐	Cancer	☐	☐
Recent weight Gain/Loss	☐	☐	Depression Anxiety	☐	☐
Diabetes	☐	☐	Other significant illness	☐	☐
Chest Pain or shortness of breath	☐	☐	Please Describe:_____		
Fever blister or cold sores	☐	☐	_____		

SURGICAL
Previous operation(s): Date:
_____ _____
_____ _____
_____ _____