HARRINGTON
+ ASSOCIATES

PATIENT STICKER

HISTORY INTAKE FORM

Patient Name: ______________________________ **Birth Date:** ______________________
Address: ______________________________ **Phone#:** __________________________
City: ____________________________ **State:** _______ **Zip:** ______________
E-mail: ______________________________

Please answer all of the following questions as accurately as possible.

Reason for your visit: ______________________________

How did you hear about us?

- ☐ From a Friend
- ☐ Television
- ☐ RealSelf
- ☐ Facebook
- ☐ Instagram
- ☐ Twitter
- ☐ LinkedIn
- ☐ Other ______________

Smoking (type & frequency)___________________
If former smoker, quit date: ____________________

Alcohol (drinks per week) _______________
Weight: _____________ **Height:** ____________

Exercise (type and frequency): ________________________________ **Weight stable?** _____________

Occupation:
____

Drug allergies:
____
List any ongoing chronic illnesses: ______________________________
List previous surgeries:
____
Problems with anesthesia? ______________________________
Current medications:
____

Medical History

Do you have a bleeding problem? Yes … No
Ever experienced a blood clot? Yes … No
Do you have sleep apnea? Yes … No
Do you have diabetes? Yes … No
Are you pregnant or nursing? Yes … No

Wear glasses? Yes … No
Wear contacts? Yes … No
Mole Concerns? Yes … No
Lasik Surgery? Yes … No

Family Illness History:
____

Are you interested in information regarding our wellness program for Hormone Balancing or HCG Weight Loss? Yes … No
Are you interested in information regarding Botox/Dysport, Dermal Fillers, CoolSculpting, Thermiva, Cellfina?

Women Only

Bra size: ____________ Last mammogram date and results: _______________________ Num. of children: ____________ Family history of breast cancer? ____

Are you unhappy with your breasts? If yes, why: ____

Do you think your breasts are symmetric? ____

I VERIFY THAT THE ABOVE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Patient Signature:____ DATE: __________________________