

# BODY *by* DESIGN

a Medical Spa

## Patient Information

Patient LEGAL Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Apt./Unit# City State Zip

Would you like to be on our mailing list?  Yes  No

E-mail address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_  Male  Female

Cell Phone (\_\_\_\_) \_\_\_\_\_

Marital Status \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Employer Phone (\_\_\_\_) \_\_\_\_\_

Full Time  Part Time  Medical Leave  Unemployed  Student  Retired  Other

Employer Address \_\_\_\_\_

### Nearest Relative or Close Friend

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### Other Information

Primary Care Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Referring Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**We are very interested in knowing how you first learned about our services.**

**Please indicate where you heard or read about us by checking off all sources of information that apply.**

**Thank you so much for your help.**

Your physician  A Friend  ER  Yellow Pages  Internet  Denver Post

Westword  Rocky Mountain News  The Villager  TV  Radio

Other, please specify \_\_\_\_\_