



**Wellesley  
Cosmetic  
Surgery**

## Patient Registration

Name \_\_\_\_\_ SSN \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex  M  F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

E-mail Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Patient Employed by \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Have you been treated for any medical conditions?  Yes  No

If yes, what kind? \_\_\_\_\_

Are you or have you been treated for any psychological conditions?  Yes  No

List all surgical procedures you have had \_\_\_\_\_

List all allergies you have \_\_\_\_\_

List all current medications \_\_\_\_\_

Do you smoke?  Yes  No If yes, how much? \_\_\_\_\_

Do you have any children?  Yes  No If yes, how many? \_\_\_\_\_

How did you hear about our practice? \_\_\_\_\_

Do you wish a chaperone during this consultation?  Yes  No

### Procedures you wish to discuss with the doctor:

Breast Augmentation

Nose Reshaping

Breast Lift

Chemical Peels

Tummy Tuck

Eyelid Lift

Liposuction

Injectable Facial Fillers

Facelift

BOTOX® COSMETIC

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Certified by the American  
Board of Plastic Surgery

Facility accredited by the Joint  
Commission on Accreditation  
of Healthcare Organizations

There is a \$100 consultation fee. Your appointment needs to be secured with a valid credit card. In case of a no show, your card will be charged a full consultation fee. If you cancel your appointment ahead of time, your card will not be charged.