



PLASTIC SURGERY • DAY SPA • SALON

EDWARD J. GROSS, MD
Board Certified Facial Plastic Surgeon

Trust Your Face to a Facial Plastic Surgeon™.

1035 Primera Boulevard | Lake Mary, FL 32746 P. 407.333.3040 | F. 407.333.3496
WeDoFaces.com

Patient

Name: _____ Age: _____ Today's Date: _____

Street Address: _____ City/State: _____ Zip: _____

Best Number to Contact You: _____ Alt. Number: _____ DOB: _____ Sex: _____

Can we leave a message at this number? _____

Marital Status: S M W DV Occupation: _____

Employer Name: _____

*E-Mail (required): _____

Preferred method of communication: Cell Home Phone Text E-mail

(Required)

Spouse or Responsible Party (Emergency Contact Information)

Name: _____ Relationship: _____

Contact Number: _____ Employer Name and City: _____

Cosmetic/Medical Complaint

Reason for Visit: _____ Duration: _____

Prior Treatment(s): _____ When: _____

By Whom: _____ City: _____

How did you hear about Dr. Gross? _____

Authorization for Release of Medical Information

I, _____, hereby authorize Dr. Gross to discuss my care & health information with:

(List name(s)/family relationship)

I understand that I have the right to revoke this Authorization, in writing, at any time by sending such written notification to
Dr. Edward Gross at 1035 Primera Blvd, Lake Mary, FL. 32746

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

Edward J. Gross, M.D. will not condition my treatment on whether I provide Authorization for this release.

****24 HOURS NOTICE MUST BE GIVEN TO CANCEL OR RESCHEDULE YOUR CONSULTATION OR A CANCELLATION FEE OF \$50 WILL BE CHARGED.**

I agree to be financially responsible for all charges. I have read this information and understand it.

X _____
Signature of Patient or Personal Representative

Date

Name of Patient





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BOARD CERTIFIED

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT
AND HEALTH CARE OPERATIONS (HIPAA)

I _____ consent to the use or disclosure of my protected health information by **Edward J. Gross MD, PL** for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of **Edward J. Gross MD, PL**. I understand that diagnosis or treatment of me by **Edward J. Gross, MD PL** may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. **Edward J. Gross MD, PL** is not required to agree to the restrictions that I may request. However, if **Edward J. Gross MD, PL** agrees to a restriction that I request, the restriction is binding on **Edward J. Gross MD, PL**.

I have the right to revoke this consent, in writing, at any time, except to the extent that **Edward J. Gross MD, PL** has taken action in reliance on this consent.

My “protected health information” means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review **Edward J. Gross MD, PL’s** “Notice of Privacy Practices” prior to signing this document. The **Edward J. Gross MD, PL’s** Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operation of the **Edward J. Gross MD, PL**. The Notice of Privacy Practices for **Edward J. Gross MD, PL** is also provided at 1035 Primera Blvd, Lake Mary, FL and on the website at www.wedofaces.com. This Notice of Privacy Practices also describes my rights and **Edward J. Gross MD, PL’s** duties with respect to my protected health information.

Edward J. Gross MD, PL reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing the **Edward J. Gross MD, PL’s** website, calling the office and requesting a revised copy to be sent in the mail or asking for one at the time of my next appointment.

X _____
Signature Date



MEDICAL HISTORY

REVIEW OF SYSTEMS		
Have you previously or do you?		
	YES	NO
Scar Easily		
Bruise Easily		
ACCUTANE®		
Cold Sores of Mouth or Lip		
Daily Aspirin		
Keloids		
Facial Radiation		
Prior Healing Difficulty		
Loss of Hearing		
Prior Anesthesia Difficulty		
Contacts		
Glasses		
Dry Eye Problems		
Glaucoma		
Lasik		
Cough		
Shortness of Breath		
Fibromyalgia		
Chest Pain		
Swollen Ankles		
Bridges or Dentures		
Daily Sun Exposure		
Stomach Problems		
Tanning Bed Use		
Phen / Fen for Weight Loss		
Blood Thinners		
Arthritis		
Frequent Headaches		
Seizures		
Anxiety		
Rashes		
Depression		
See a Mental Health Therapist		
WOMEN ONLY:		
Birth Control Pills		
Possibility of Pregnancy		
Nursing		

FAMILY HISTORY		
	YES	NO
Stroke		
Heart Trouble		
High Blood Pressure		
Diabetes		
Mental Illness		
Kidney Trouble or Stones		
Cancer		
Bleeding Disorders		
Malignant Hyperthermia		
Anesthesia Problems		

List Other Medical Problems: None

List Prior Cosmetic & Surgical Procedures (w/ approx. dates): None

List all Pills, Medications & Herbs: None



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MEDICAL HISTORY

Table with 3 columns: PATIENT HEALTH HISTORY, YES, NO. Rows include: Vascular Surgery, Stroke, Heart Attack, High Blood Pressure, Abnormal Heartbeat, Diabetes, Arthritis, AIDS/HIV+, Asthma, Depression, Kidney Trouble or Stones, Skin Cancer, Bleeding Disorders, Alcoholism, Serious Injuries, Eye Problems/Injury, Blood Clots, Anemia, Stomach Ulcers, Hepatitis, Thyroid Trouble, Cancer, Bleeding Tendencies, Heart Stents, Anesthesia Reactions, Recent Weight Loss.

Social History

Most Recent Occupation

_____ Retired

Married Single Divorced Widowed Student

Number of Children: _____

Smoking Never Yes Quit

Smoke packs a day _____

Alcohol Use Never Occasional Daily

Currently Use or Had:

Retin-A Botox Accutane Lasers

Fillers Chemical Peels

Allergies to Medicine: _____ None

How did you hear about Primera?

Word of Mouth TV Billboard Drive-by

Orlando Mag Doctor Referral Web Event

List your Primary Care Doctor & City:

Print Name Signature Date

Age Weight Height Gender

Office Use only: Reviewed: _____ ASA: _____

