## Donald R. Collins, Jr., MD, FACS Aesthetic Plastic Surgery

| Last First Middle  Address Street City State Zip code  Cell Phone   | ame                    |                     |                  |             |                 |             |  |
|---|------------------------|---------------------|------------------|-------------|-----------------|-------------|--|
| Street City State Zip code  Cell Phone  |                        | Last                |                  | First       |                 | Middle      |  |
| Cell Phone  | Address                |                     |                  | City        | State           | Zip code    |  |
| Birthdate/ Age Female   Male    Marital Status Referred by Primary Care Physician Occupation Relationship to patient Relationship to patient Other Phone Other Phone Other Phone Reason for consultation Weight Serious Illnesses Previous Surgeries Previous Surgeries Phone number Phone number Hereditary disorders Phone number | Cell Phone             |                     | Home Phone _     | -           |                 | •           |  |
| Marital Status  | Email Address          |                     |                  |             |                 |             |  |
| Relationship to patient   | Birthdate/             | / Age _             |                  | Female [    | □ Male          |             |  |
| Relationship to patient  Cell Phone   | Marital Status         | Referred by _       |                  |             | Primary Car     | e Physician |  |
| Cell Phone Home Phone Other Phone   dical Information   Reason for consultation   Height Weight   Serious Illnesses   Previous Surgeries   Current Medications   Drug Allergies   Pharmacy Phone number   Hereditary disorders   Do you take aspirin? □ yes □ no How often?   Do you smoke? □ yes □ no How long and how much?   Do you drink? □ yes □ no How long and how much?   Do you or have you used illicit drugs? □ yes □ no How long and how much?   I understand that office visit charges are payable on the day services are rendered.   | Occupation             |                     |                  |             | _               |             |  |
| dical Information  Reason for consultation  Height Weight  Serious Illnesses  Previous Surgeries  Current Medications  Drug Allergies Phone number  Hereditary disorders  Do you take aspirin?yes no How often?  Do you smoke? yes no How long and how much?  Do you drink? yes no How long and how much?  Do you or have you used illicit drugs? yes no How long and how much?  I understand that office visit charges are payable on the day services are rendered.   | ergency Contact        | ·                   |                  | Relati      | onship to patie | nt          |  |
| Reason for consultation  Height Weight  Serious Illnesses  Previous Surgeries  Current Medications  Drug Allergies Phone number  Hereditary disorders  Do you take aspirin?   | Cell Phone             |                     | Home Phone _     |             | 0               | ther Phone  |  |
| Reason for consultation  Height Weight  Serious Illnesses  Previous Surgeries  Current Medications  Drug Allergies Phone number  Hereditary disorders  Do you take aspirin?   | dical Information      | 1                   |                  |             |                 |             |  |
| Height Weight  Serious Illnesses  |                        |                     |                  |             |                 |             |  |
| Previous Surgeries  Current Medications  Drug Allergies  Pharmacy Phone number  Hereditary disorders  Do you take aspirin? yes no How often?  Do you smoke? yes no How long and how much?  Do you drink? yes no How long and how much?  Do you or have you used illicit drugs? yes no How long and how much?  I understand that office visit charges are payable on the day services are rendered.  |                        |                     |                  |             |                 |             |  |
| Previous Surgeries  Current Medications  Drug Allergies  Pharmacy Phone number  Hereditary disorders  Do you take aspirin?  | Height                 | Weight              |                  |             |                 |             |  |
| Current Medications   | Serious Illnesses      |                     |                  |             |                 |             |  |
| Drug Allergies Phone number   | <br>Previous Surgeries |                     |                  |             |                 |             |  |
| Pharmacy Phone number  Hereditary disorders  Do you take aspirin? □ yes □ no How often?  Do you smoke? □ yes □ no How long and how much?  Do you drink? □ yes □ no How long and how much?  Do you or have you used illicit drugs? □ yes □ no How long and how much?  I understand that office visit charges are payable on the day services are rendered.   | Current Medications    |                     |                  |             |                 |             |  |
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| Do you take aspirin?  yes  no How often?  |                        |                     |                  |             |                 |             |  |
| Do you smoke?   | Hereditary disorders   |                     |                  |             |                 |             |  |
| Do you drink?   | Do you take aspirin?   | □ yes □ no Hov      | w often?         | much?       |                 |             |  |
|   | Do you drink?          | □ yes □ no How      | v long and how i | much?       |                 |             |  |
|   | I understand that off  | ice visit charges a | are payable on t | he day serv | ices are render | ed.         |  |
|   |                        |                     |                  |             |                 |             |  |
| Cidnotiiro  | <br>Signature          |                     |                  |             |                 | <br>Da      |  |