

Family physician: _____
Name Telephone number

Please list all medical conditions / surgeries you currently have or have had in the past

- 1) _____ 2) _____
3) _____ 4) _____
5) _____ 6) _____
7) _____ 8) _____

Please list all medications you are currently taking or provide a list

- 1) _____ 2) _____
3) _____ 4) _____
5) _____ 6) _____
7) _____ 8) _____

Do you have any allergies? If yes please list

- 1) _____ 2) _____
3) _____ 4) _____

Do you smoke? Yes [] No [] If yes how much? _____

Do you drink alcoholic beverages? Yes [] No [] If yes how much? _____

Treatment Consent

I hereby consent and give my permission to Dr. Gerber, Dr. Jani and their assistants and whomever Dr. Gerber & Dr. Jani refer to administer and perform such procedures Dr. Gerber & Dr. Jani deem necessary. I understand that it is impossible for Dr. Gerber & Dr. Jani to offer any guarantees as to the outcome of their treatment. Dr. Gerber & Dr. Jani firmly believe that you the patient deserve to be fully educated on all options of treatment and their benefits and risks. If you have any questions or concerns please do not hesitate to ask!

PRINTED NAME OF BENEFICIARY OR GUARDIAN

SIGNATURE OF BENEFICIARY OR GUARDIAN

DATE

PATIENT'S LAST NAME	FIRST	MIDDLE INITIAL	DATE
---------------------	-------	----------------	------

ADDRESS	STREET	CITY	STATE	ZIP CODE
---------	--------	------	-------	----------

HOME PHONE NUMBER	MOBILE PHONE NUMBER	EMAIL ADDRESS
-------------------	---------------------	---------------

/	/	AGE
DATE OF BIRTH		

RESPONSIBLE PARTY

RELATIONSHIP TO PATIENT:

LAST NAME	FIRST	MIDDLE INITIAL
-----------	-------	----------------

ADDRESS	STREET	CITY	STATE	ZIP CODE
---------	--------	------	-------	----------

HOME PHONE NUMBER	MOBILE PHONE NUMBER	WORK PHONE NUMBER
-------------------	---------------------	-------------------

DATE OF BIRTH

IN CASE OF EMERGENCY CONTACT

LAST NAME	FIRST	MIDDLE INITIAL
-----------	-------	----------------

STREET ADDRESS	CITY	STATE	ZIP CODE
----------------	------	-------	----------

HOME PHONE NUMBER	MOBILE PHONE NUMBER	WORK PHONE NUMBER
-------------------	---------------------	-------------------
