



## New Patient Information

Name: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Cell Phone Carrier:  Verizon Wireless  AT&T  Sprint  T-Mobile  Other: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

### General Information:

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex:  Male  Female Occupation: \_\_\_\_\_

Daily Water Intake: \_\_\_\_\_ Do you Exercise:  YES  NO How Often: \_\_\_\_\_

Tobacco Use:  YES  NO

List All Medications: \_\_\_\_\_

Any Known Allergies to food/medications? \_\_\_\_\_

### How Did You Hear About Nu Image Aesthetics & Wellness Institute?

- Google/Web Search  Clipper Magazine  Walked by/Local  Q-Magazine  
 Physician Referral  Nu Image Employee  Nu Image Patient  Suburban Women  Other

Who May We Thank for Referring you? \_\_\_\_\_

### Nu Image Services/Treatments: Please check all services that you are interested in

- Laser Resurfacing (Wrinkles, Scars, Stretch Marks)  Skin Tightening/Cellulite Reduction  
 Laser Hair Removal  IPL/Photofacial  Lipo-Light  DermaSweep  Botox/Fillers  
 Chemical Peels  Facials  Massage Therapy  Weight Loss

OTHER: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_