

**Raval Facial Aesthetics & ENT, PC**  
**Personal Information**

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male Female

Social Security # \_\_\_\_\_ Status: Minor Single Married Domestic Partner (circle)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Who may we thank for referring you to our office? \_\_\_\_\_

E-mail Address \_\_\_\_\_

Would you like to receive our email specials? **Y** **N** (circle)

How do you prefer to be contacted? E-mail Phone Call Text Message (circle)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Responsible Party**

Who is responsible for the account? \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Birth Date \_\_\_\_\_ Driver's License # \_\_\_\_\_

Social Security # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Please tell us about your concerns: \_\_\_\_\_

What specifically do you wish to have corrected? \_\_\_\_\_

Have you had any previous treatments done for this area? Yes No

If yes, please describe: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

**Consent:**

I understand that responsibility for payment of medical services in this office for myself and my dependents is mine, due and payable at the time of services are rendered unless financial arrangements have been made. I understand that I am responsible for all costs of collection including attorney fees, collection fees and court costs. I understand that any unpaid balance will be assessed interest at the rate of 18.00% (1.5% monthly). I give my authorization and consent for treatment after having a full explanation of proposed treatment, alternatives, and risks by my doctor. I have been advised of my privacy rights as provided by the Healthcare Information Portability and Accountability Act of 1996.

Responsible Party's Signature \_\_\_\_\_ Date \_\_\_\_\_