

Elite Plastic Surgery, P.C.

NADIA S. AFRIDI MD, FRCS(C)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Age: _____ Date of Birth: _____ Height: _____ Weight: _____ SS#: _____

Marital Status: _____ Occupation: _____ Spouse's Name: _____

Who referred you to us? _____ Why are you seeing Dr. Afridi? _____

Do you have any allergies? _____ If so, to what? _____

Do you take any medicines? (Include **everything** -- even vitamins, homeopathic medicines, aspirin, Viagra, etc.)

What operations have you **ever** had? _____

Have you ever been in a hospital for any other reason? _____

Have you ever had any other significant health problems? _____

Please Check Yes or No YES NO Please Check Yes or No YES NO

Do you stop bleeding normally?..... Do you have any bad scars?.....

Do you heal normally?..... Have you ever had radiation treatments?

Do you scar normally?..... Do you smoke?.....

Have you ever had chemotherapy?... Have you ever taken cortisone/steroids?

Female patients: YES NO

Have you ever been pregnant?..... If so, how many times have you been pregnant? _____

How many children have you given birth to? _____ Did you breast feed?.....

Do you have a family history of breast cancer? _____ Have you ever had a mammogram?.....

To the best of your knowledge, have you ever had any of the following?

- | | | |
|---------------------------------|-----------------------|-----------------------------|
| Rheumatic Fever | Heart murmur | Herpes, cold sore |
| Heart Attack | Heart Disease, Angina | Diabetes |
| High Blood Pressure | Asthma | Pneumonia |
| T. B. | Epilepsy | Nervous disorder/Depression |
| Ever see a psychiatrist | Thrombophlebitis | Circulation problems |
| Arthritis | Back Problems | Ulcer |
| Liver Disease / yellow jaundice | Hepatitis/HIV+ | Bowel Disease |
| Kidney Disease | Hiatus Hernia | Gynecological Problem |

Insurance Information

Primary Insurance Company: _____ Ins ID #: _____ Policy Holder: _____

Patient Acknowledgment of Receipt of Notice of Privacy Practices for Protected Health Information: (your signature shows that you received this document—we are required by law to prove that we gave it to you)

Patient Signature: _____

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NADIA S. AFRIDI MD, FRCSC(C)
BOARD CERTIFIED IN PLASTIC & RECONSTRUCTIVE SURGERY
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212.421.5100 | WWW.DRAFRIDI.COM

Dr. Afridi is very pleased to have you as a patient. In order to serve you and future patients better, kindly fill out the following brief questionnaire:

How did you find Dr. Afridi?

Friend; Name: _____

Physician; Name: _____

Online; Website: _____

Aesthetician; Name/Spa: _____

When you called to make your appointment were your questions adequately answered?

Yes No Comments: _____

Were your appointment needs accommodated to your satisfaction?

Yes No Comments: _____

Did you get a call the day before your appointment confirming your visit?

Yes No Comments: _____

If you have been searching for a plastic surgeon online, which search engines have you used?

Google Yahoo MSN Bing Other: _____

Which of the following websites have you perused?

American Society of Plastic Surgeons Consumer Guide to Plastic Surgery

Breast implants 411 Looking your best

Breast implant Info Smart plastic surgery

Breast implants USA Dr. Afridi's personal site

Locate A Doc Other: _____

Which of the above sites, if any, were helpful in your decision making process to see Dr. Afridi?

Is there anything we can do to improve the quality of pre-appointment service we provide?

Thank you for your time,
Management