

Midwest Vein Treatment Clinic

ROBERT TYRRELL M.D.

8101 MILLER FARM LANE CENTERVILLE, OH 45458

900 S. DIXIE DRIVE, STE 50 VANDALIA, OH 45377

937-281-0200 • Fax 937-281-0203

You have been scheduled on _____ Please arrive at _____

PLEASE COMPLETE AND BRING THIS INFORMATION

LAST NAME: _____ FIRST _____ MI _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ MARITAL STATUS: S ___ M ___ D ___ W ___

OCCUPATION: _____ EMPLOYER: _____

FAMILY DOCTOR: _____ EMERGENCY CONTACT &PHONE _____

MEDICAL HISTORY

Do you have any allergies? ___ No ___ Yes If yes, please list _____

Do you have a latex allergy? ___ No ___ Yes

Are you currently taking medication? ___ No ___ Yes If yes, please list:

Check all illnesses you have been treated for:

<input type="checkbox"/> None	<input type="checkbox"/> heart attack	<input type="checkbox"/> angina
<input type="checkbox"/> Mitral valve prolapse	<input type="checkbox"/> high blood pressure	<input type="checkbox"/> stroke
<input type="checkbox"/> asthma	<input type="checkbox"/> blood clots	<input type="checkbox"/> stomach ulcer
<input type="checkbox"/> bleeding disorder	<input type="checkbox"/> hepatitis	<input type="checkbox"/> kidney problems
<input type="checkbox"/> seizures	<input type="checkbox"/> cancer	<input type="checkbox"/> depression
<input type="checkbox"/> other _____		

What is your skin type:

Normal to Dry

Normal to Sensitive

Oily /Combination

What problems are you interested in improving?

rosacea

facial redness

acne

sun damage

brown spots

hyperpigmentation

pore size

facial veins

fine lines

wrinkles

acne scarring

incisional scarring

scarring

melasma

unwanted hair

Do you have or ever had any of the following?

keloid scarring

eczema

dermatitis

herpes simplex (cold sore)

acne

skin cancer

Have you ever had any of the following?

Chemical peel

Laser resurfacing

Botox

dermal fillers

intense pulsed light

laser hair removal

If you have unwanted hair, what method do you/have you used to remove it?

shaving

tweezing

depilatory

waxing

laser treatments

What is your heritage?

Caucasian

African American

Latino

Asian

Middle Eastern

American Indian

Indian

Other

What skin care products are you currently using?

CAN WE ADD YOU TO OUR EMAIL LIST FOR NOTIFICATION OF PERIODIC SPECIALS?

How did you hear about us? _____