Marcus A. Jimenez, M.D., F.A.C.S.

Cardiovascular Δ Vein Treatment Δ Cosmetic Services

NEW PATIENT FORM

Name _____ Date of Birth _____ Age _____

Address _____ Social Security Number _____

_____Zip_____ Employer _____

Home Phone _____ Employer's phone _____

Cell ( ) Other ( ) Phone _____ Height _____ Weight _____

Family Physician _____ Phone _____

Marital Status: ___ Single ___ Married ___Widowed ___Divorced

Email Address _____

Whom can we thank for referring you? _____

Is it acceptable to leave a message at any of the above phone numbers? _____

I authorize text messages for appointment reminders and special offers (i.e. birthday discounts)

Primary Insurance _____ ID# _____ Grp#_____

Policy Holder's Name _____ Relationship to patient _____

DOB __ / __/ __ SSN# ___-___-____

Secondary Insurance _____ ID# _____ Grp#_____

Policy Holder's Name _____ Relationship to patient _____

DOB __ / __/ __ SSN# ___-___-____

Indiana Vein & Laser Center • *The Medical Spa*

2410 North Glendale Drive • Fort Wayne, Indiana 46804
260.432.7654 Office • 260.432.7709 Fax
11481 Olio Road • Fishers, Indiana 46037
317.915.8323 Office • 317.915.8337 Fax

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Please list allergies to medicines and other substances. Describe the reaction they cause.

_____

Please list current medications	Dose	Prescribing MD	How long have you taken?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous operations/procedures	Year	Surgeon	Where
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Chronic health problems	Physician managing this condition
_____	_____
_____	_____

Do you smoke? _____ History of smoking? _____ Quit date? (if applicable) _____
Do you drink alcohol on a regular basis? _____ If so, how much? _____

If your parents are deceased, please indicate the cause of death and age at death:
Father_____ Age:_____
Mother_____ Age:_____

Please sign below after you have completed this form to the best of your ability and knowledge.

Signature_____Date_____

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