



**WELCOME TO UnaSource Plastic Surgery & Spa!**

**Please check any of the following service(s) you would like to learn more about:**

- New!!! Lumenis Light Sheer Duet Laser.**
  - *Permanent Hair Reduction*
  - *Pain Free and Fast*
  - *Good for All Skin Types*
  - *Reduces in-grown hairs*
  
- MicroNeedling**
  - *Improve and repair fine lines*
  - *Sun damaged skin*
  - *Mild acne and scars*
  - *Pores*
  
- Genesis Laser and Excel V Laser Facial Treatments**
  - *Improve and repair fine lines*
  - *Sun damaged skin*
  - *Mild acne and scars*
  - *Pores*
  - *Rosacea*
  - *Pigmentation*
  
- Body and Face Tightening and Contouring Viora Reaction**
  
- Laser Spider Vein Removal for both Legs and Face
  
- Skin Care Products and Glycolic Peels / Microdermabrasion**
  - *Anti-Aging*
  - *Acne*
  - *Uneven Pigmentation*
  - *Reducing Facial Redness*
  
- Customized Skin Care Programs and Training, including Dermablend
  
- Hair Salon

**PATIENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



## REGISTRATION FORM

DATE: \_\_\_\_\_ REFERRED BY \_\_\_\_\_

**THE FOLLOWING INFORMATION WILL HELP US TO SERVE YOU BETTER. YOUR RESPONSES ARE HELD STRICTLY CONFIDENTIAL.**

**PLEASE PRINT CLEARLY.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ CELL PHONE (     ) \_\_\_\_\_

WORK PHONE: (     ) \_\_\_\_\_ HOME PHONE (     ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE (     ) \_\_\_\_\_

**IF MINOR:**

FATHER'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK # \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK # \_\_\_\_\_

PRIMARY INSURANCE \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_

**PLEASE CONTINUE.....**

# HEALTH HISTORY QUESTIONNAIRE

PATIENT: \_\_\_\_\_ DATE \_\_\_\_\_ AGE \_\_\_\_\_

What medications are you **now** taking?

\_\_\_\_\_

Are you **allergic** or have you reacted adversely to any of the following medications (If yes, please check):

Penicillin      Tetracycline      Erythromycin      Other antibiotic

Aspirin      Codeine      Local anesthetic (Novocain or Lidocaine)

Are you allergic to **latex**?       Yes       No

Are you allergic to any other medication or substance?       Yes       No

If yes, please list:

\_\_\_\_\_

**PAST SURGICAL HISTORY (please list)**

\_\_\_\_\_

\_\_\_\_\_

Please check any of the following which you have had or have now:

Heart Failure	Heart Murmur	Stroke	Hepatitis or Liver Disease
Heart Disease or Attack	Diabetes	Blood Transfusion	Angina Pectoris
Anemia	Kidney Disease	Bruise Easily	Sickle Cell Disease
High Blood Pressure	Ulcers	Thyroid Disease	Scarlet Fever
Emphysema	Arthritis	Drug Addiction	Hemophilia
Mitral Valve Prolapse	Cough	Rheumatism	Rheumatic Fever
TB	Cold Sores	Fever Blisters	Cortisone Medicine
Congenital Heart Lesions	Asthma	Glaucoma	Epilepsy or Seizures
Artificial Heart Valve	Hay Fever	Sinus Problems	Fainting or Dizzy Spells
Heart Pacemaker	Allergies or Hives	A.I.D.S./HIV	Chemotherapy (Cancer, Leukemia)
Heart Surgery	Venereal Disease	Treatment with X-ray, Radiation, or Cobalt	

**I certify that the above information is true.**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Patient Signature**

MYRA N. DANISH, MD, FACS  
4550 INVESTMENT DRIVE STE#290  
TROY, MI 48098  
248-267-9700

*Acknowledgment of the notice of privacy practices*

I acknowledge that I have received the **Notice of Privacy Practices**      **Date** \_\_\_\_\_

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Parent/Guardian

Please list name of person(s) that you would allow our office to give information to regarding your medical condition.

1. \_\_\_\_\_

\_\_\_\_\_  
Relationship

2. \_\_\_\_\_

\_\_\_\_\_  
Relationship

Please notify our office in writing with any changes to the above list.

Please see a member of our staff with any questions that you may have regarding our **Notice of Privacy Practices**.