

Marcia Glenn, M. D.
323 N Prairie Ave STE 417
Inglewood, CA 90301
New Patient Registration Form
Please Print

Patient's Full Name: _____

Patient's Social Security: _____ Date of Birth: _____

Ethnicity: _____ Age: _____ Sex: _____

Address: _____ St _____ zip _____

Home Number: _____ Cell Number: _____ E-mail: _____

Marital Status (Circle One): Minor Single Married Widowed Divorced Separated

Patient's Occupation: _____ Patient's Employer: _____

Patient's Employer Address: _____ Name of Patient's Spouse: _____

Phone Number: _____ Phone Number: _____

Emergency Contact: _____ Emergency Phone Number: _____

For this insurance, who is the primary card holder? _____

If patient is MINOR, fill in responsible parent or guardian:

Mother's Name: _____ Phone Number: _____

Mother's Date of Birth: _____ Social Security: _____

Father's or Guardian's Name: _____ Phone Number: _____

Father's or Guardian's Date of Birth: _____ Social Security: _____

Who may we thank for referring you to our office? _____

Please allow us to photocopy your Insurance Card and Driver's License for insurance purposes.

I authorize payment for medical benefits be made directly to the physician provider for services rendered.

X: _____ Date: _____

I authorize my insurance company, or hospital, physician, or pharmacist to release my information.

x: _____ Date: _____

Thereby I assume full responsibility for any medical bills incurred in this office. I further understand that payment of these bills is not contingent on my insurance coverage I might have or obtain. Please feel free to discuss fees with your doctor prior to any treatment or services. I understand that my co-payment or insurance percentage is due when services are rendered.

X: _____ Date: _____

Dermatological and Aesthetic Survey

Name _____

Date _____

1. My skin type is:
 - a. Oily b. Normal c. Dry d. Combination
2. I am interested in a skin rejuvenation regimen to provide a more youthful appearance.
 - a. Yes b. No
3. I am concerned about brown spots on my face and/or body.
 - a. Yes b. No
4. I am concerned about redness, textural changes from acne scarring and/or large pores.
 - a. Yes b. No
5. I am concerned about fine lines and wrinkles on my face and /or neck.
 - a. Yes b. No
6. I am concerned about broken, visible veins on my face and /or legs.
 - a. Yes b. No
7. I am concerned about my smile and/or frown lines.
 - a. Yes b. No
8. I am interested in hair removal for my face and or other areas of my body.
 - a. Yes b. No
9. I would like more information about non-invasive laser facial and /or neck tightening.
 - a. Yes b. No
10. I am concerned about my thinning hair.
 - a. Yes b. No
11. My skin is dry no matter how much I moisturize.
 - a. Yes b. No
12. I am interested in having a consultation regarding: Weight Loss
 - a. Yes b. No