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aesthetics and skin care

NEW CLIENT INFORMATION

Date

Name (Last, First)

Date of Birth

Age

Home Address

Home Phone

Work Phone

Cell Phone

E-mail

May we send you information about new treatments or specials?

YES NO

EMERGENCY CONTACTS

In case of emergency, please contact

Phone number

REQUESTED SERVICE

What are you here for today?

REFERRAL

Where did you hear about us?

Referred By

Can we thank the person that referred you to us? YES NO

WHICH PROCEDURE(S) ARE YOU INTERESTED IN LEARNING MORE ABOUT (Check mark all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Botox / Dysport / Xeomin | <input type="checkbox"/> Facial Fillers | <input type="checkbox"/> Facial / Chemical Peel | <input type="checkbox"/> HydraFacial |
| <input type="checkbox"/> Kybella (Double Chin Tx) | <input type="checkbox"/> Laser Hair Removal | <input type="checkbox"/> Laser Skin Rejuvenation | <input type="checkbox"/> Lip Augmentation |
| <input type="checkbox"/> Medical Grade Skin Care | <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Microneedling / PRP | <input type="checkbox"/> SculpSure Fat Reduction |
| <input type="checkbox"/> Spider Vein Treatment | <input type="checkbox"/> Sun Spot / Pigment Removal | <input type="checkbox"/> Tattoo Removal | <input type="checkbox"/> Other |

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Abdominoplasty | <input type="checkbox"/> Body Contouring | <input type="checkbox"/> Breast Augmentation | <input type="checkbox"/> Breast Lift |
| <input type="checkbox"/> Breast Reduction | <input type="checkbox"/> Brow Lift | <input type="checkbox"/> Eyelid Rejuvenation | <input type="checkbox"/> Face / Neck Lift |
| <input type="checkbox"/> Fat Transfer | <input type="checkbox"/> Gluteal Augmentation | <input type="checkbox"/> Liposuction | <input type="checkbox"/> Mommy Makeover |
| <input type="checkbox"/> Rhinoplasty | <input type="checkbox"/> Vaginal Rejuvenation | <input type="checkbox"/> Other | |

The Elevare MD Experience is about YOU. Please share a few details if you are comfortable.

Favorite skincare treatment?

Favorite skincare product?

Favorite Pandora station?

Favorite Starbucks beverage?

Staff notes to make your experience perfect...

Signature

Date