- 8175 Creekside Dr, Ste 100
  Portage, MI 49024
- 3600 Capital Ave SW, Ste 102
  Battle Creek MI 49015

WEST MICHIGAN
Plastic Surgery

Scott D. Holley, M.D., F.A.C.S.
Office 269.222.1611
Fax 269.222.1607
wmips.com

WELCOME TO OUR OFFICE!

Doctor: _____ **Date:** _____

Patient's Name: First _____ MI _____ Last _____ Maiden _____

Date of Birth _____ Sex ☐ M ☐ F Soc Security No. _____ Marital Status S M W D

Patient Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____
to receive occasional announcements

Patient Employer _____ Employer Address _____

Patient Occupation _____ _____

IF PATIENT IS A MINOR, name of person responsible for account: _____

Relationship _____ Date of Birth _____ Social Security No. _____

Employer _____ Work Phone _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION

Contact Name #1 _____

Relationship to Patient _____

Home Phone _____

Work Phone _____

Contact Name #2 _____

Relationship to Patient _____

Home Phone _____

Work Phone _____

RELEASE OF INFORMATION

If at some time it becomes necessary to leave messages pertaining to my medical record, such as diagnostic testing or appointments with another individual , please refer to the persons listed below.

I, _____ hereby authorize West Michigan Plastic Surgery to discuss my medical record and/or care with the following persons:

Name	Phone #	Relationship

☐ I do not wish to have information about my medical record given to anyone but myself.

This Release applies to all health information in my medical record as identified by HIPAA guidelines. I authorize medical treatment to be released as indicated above.

This Release will be in effect until _____ (date) and may be updated at anytime.

_____ _____
Patient Signature Date

_____ _____
Witness Signature Date

WEST MICHIGAN
Plastic Surgery

COSMETIC INTEREST QUESTIONNAIRE

Our practice offers you the safest, most advanced technologies
for facial rejuvenation and overall physical rejuvenation.
Please check all of the following that you would like to discuss today.

- ☐ Laser Skin Resurfacing
- ☐ Cosmetic treatment for wrinkles (BOTOX, fillers)
- ☐ Medical Skin Rejuvenation / Skin Care advice
- ☐ Treatment for spider veins (leg and/or facial)
- ☐ Liposuction
- ☐ Tummy Tuck
- ☐ Thigh / Buttock Lift
- ☐ Upper Arm Lift
- ☐ Scar Revision
- ☐ Other _____

- ☐ Breast Augmentation (enlargement)
- ☐ Breast Reduction
- ☐ Breast Lift
- ☐ Nose Surgery
- ☐ Eyelid Surgery
- ☐ Facelift
- ☐ Neck Lift
- ☐ Forehead / Brow Lift
- ☐ Ear Pinning

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number:

■ **When looking in the mirror, how concerned are you about the appearance of your face and neck?**

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

■ **When looking in the mirror, how concerned are you about the appearance of your body?**

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

How did you hear about our practice (if known):

- ☐ Yellow Pages (name): _____
- ☐ Newspaper ad (name): _____
- ☐ Radio ad (name): _____
- ☐ TV ad (name): _____
- ☐ Other (please specify): _____
- ☐ Friend or family (name): _____
- ☐ Physician referral (name): _____
- ☐ Internet (list website or search engine): _____