Fred Grover Jr. M.D. FAAFP
New Patient, Skin Care Only registration

Today's date: _____ Estimated **Weight**_____ **Height**_____

Last Name:_____ First Name:_____

Address:_____ Apt:_____

City:_____ State:_____ Zip_____

Phone: (H): _____ (C)_____ (W)_____

Email:_____ Please note, email will not be given to others and will only used for reminders and a periodic health newsletter.

DOB:_____ Sex: F M
Please circle: Married Single Divorced
Employer: _____ Occupation:_____
Emergency Contact:
Name:_____ Relationship:_____
Phone:_____
What Skin care treatments are you interested in today?
__Botox
__Juvederm (filler)
__Voluma (filler)
__PRP(vampire facelift, Hair growth, microneedling)
__Kybella for chin fat
__Laser skin care
__Photofacial
__Skin lesion removal
__Freeze of skin lesion
__Other
What goals would you like to achieve in the look and feel of your skin? Check any that apply.
__Decreased wrinkles
__Improved smoothness, skin pore size (better complexion)
__Decreased redness
__Less age spots
__More volume in cheeks
__Better eye lashes
__Less hair to face or body
__Reduction in acne
__More youthful appearance

3400 E. Bayaud Ave. Suite 444, Denver 80209
Office:303-355-2385/fax 303-974-5945
info@revolutionarymd.com

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Please check any **existing skin conditions** you may have:

__ Acne
__ Rash
__Scarring
__Pitting
__ Pock Marks
__ Eczema
__ Spider Vain
__ Freckles
__Light Pigmentation
__Dark Pigmentation
__Melasma
__Rosacea
__Age Spots
__Psoriasis
__Concerning mole or skin spot
__Skin Cancer- Type _____

Please check any skin sensitivities you may have:

__lidocaine
__Chemicals
__Cosmetics
__Fabrics
__Laser
__IPL
__Bruising-Facial Injections
__Other

What's my skin type?

__Very Light
__Light
__Light to Medium
__Olive to Brown
__Dark Brown
__Very Dark

Daily Anti-Aging and Skin Health

__daily cleansing __Moisturizer __Eye Cream

Anti-Aging Products

Yes__ No__
If yes: ___Lattisse__Skin Medica TNS__ RetinA
Please list any other skin care products you are using currently

_____

Please list any skin care supplements you are taking:

__ Omega 3
__ Co-q10
__ Vitamin C
__ Resveratrol
__ TA65
Other_____

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Have you seen a dermatologist recently or in past for treatment of a skin condition? If so, please comment on therapy:

_____

Please list any cosmetic skin care therapies you have had in the last year, such as Botox, fillers, laser etc. _____

Please list any **Medication Allergies** and reactions you've had, write "none" if you don't have any._____

Non-Med Allergies (ie: food, pollen, pets mold,etc.)_____
Please list **Medications** you are taking with dosage:

_____

_____

Please List any **Supplements** (vitamins or herbs) with dosage: use back if needed
1._____
2._____
3._____

Chronic Medical Problems with date of onset
1._____
2._____
3._____
4._____
5._____

Surgeries with approx. dates
1._____
2._____
3._____
4._____
5._____

Family History:

Problem	**Family Relation**	**Describe any Details**	**Age of Death if applies**
High Blood pressure			
Heart attack or disease			
Stroke			
High Cholesterol			
Diabetes			
Thyroid disease			
Depression or other			
Alcoholism			
Cancer			
Skin Cancer			

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Lifestyle Q's	
Exercise: How often? Aerobic/Resistance?	
Diet: Balanced? Limiting fast foods?	
Mindful activities? Yoga, meditation etc?	
Tobacco? Type, how much, how long?	
Alcohol: How much?	
Street drugs?	

Advanced Wellness Program (AWP)
Dr. Grover offers amazing medical services through the AWP program. If you are interested in this program please inquire at front desk. Joining provides significant discounts on all skin care therapies, skin care products and supplements.

Bio-identical Hormone balancing/Sex Hormone Balancing
Dr. Grover is an expert in hormone replacement and is board certified in anti-aging medicine. Do you have an interest in hormone testing and restoration? __yes__no
Hormone pellet therapy lasting for 4-6 months is also available. Any interest? __y__n

Thyroid/Adrenal /Growth hormone balancing
Dr. Grover also specializes in the treatment of hypothyroidism,subclinical hypothyroidism, adrenal fatigue, growth hormone deficiency. Are you interested in screening or treating this condition? ___yes___no

Genetic testing
Dr. Grover offers testing to determine how well you are aging with the Telomere test, and additional tests to determine cancer risks, detox/methylation (mthf) impairment, optimal diet for your gene type, and other health conditions to optimize your wellness.
Any interest? __yes___no

Weight loss programs
Dr. Grover offers metabolic and body composition testing on site, and genotypic testing to determine your best diet to lose weight. He employs numerous progressive therapies to ensure your success.
Any interest __yes __no

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HIPPA

- I authorize the release of medical information if necessary to process my insurance claim.
  _____(initial)
- I have reviewed Dr. Grover's Notice of Privacy Practices,(waiting room book) which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document if I so request.
  _____(initial)
- Please circle which phone number we may use to leave detailed information: (home, cell or office)
- I give permission to leave health information on my answering machine
  Yes /No
- I give permission send health information by email. (excluding HIV)
  Yes/No

Signature:_____Date_____

Financial Policy

Thank you for choosing Dr. Grover as your health care provider. We are committed to providing the most successful treatment options for our patients. Our charges are very reasonable given the higher degree of personalized care, and pro-active management of your health via Integrative, Anti-Aging, Functional, and Family Medicine expertise of Dr. Grover. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment. All patients must complete our patient registration form before seeing the practitioner.

- We accept cash, checks, MasterCard and Visa. Fee schedule is online and available at front desk.
- The fee for a returned check is $50.
- Patients are responsible payment after completing patient visit on day of service.
- Aesthetic skin care services are not covered by insurance.
- **Appointments cancelled** less than 24 hours prior to a scheduled time may be subject to a $50 cancellation fee. 3 or more missed appointments without notification will result in dismissal from practice.
- I have read the policies presented above. I understand and agree to this financial policy. A copy of this is available on our website in the patient registration should you need one for reference.
- Thank you for filling out this form, and welcome to the practice!!

Signature of patient or responsible party_____Date_____

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