



## CONFIDENTIAL PATIENT REGISTRATION FORM

Dr. Howard J. Silverman MD, FRCSC – Plastic, Reconstructive & Cosmetic Surgery

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

FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

MOBILE PHONE # : \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Please check off your preferred method of contact: Home # \_\_\_ Business # \_\_\_ Mobile # \_\_\_ Email \_\_\_

Yes, please include me on any confidential email notices regarding treatment care, new procedures available or any special offers extended to Dr. Silverman's patients. Discretion is our priority.

DATE OF BIRTH (Y) \_\_\_\_\_ (M) \_\_\_\_\_ (D) \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Health Number: \_\_\_\_\_

Would you like your Family Physician notified of this appointment? \_\_\_ YES \_\_\_ NO

Please indicate how you learned of our office:

\_\_\_ Doctor Referred - please provide full name: \_\_\_\_\_

\_\_\_ Friend - please provide full name: \_\_\_\_\_

\_\_\_ Previous Patient: \_\_\_\_\_

\_\_\_ Internet \_\_\_ Other: Please Specify \_\_\_\_\_

I have visited Dr. Silverman's website: [www.ottawaplasticsurgery.com](http://www.ottawaplasticsurgery.com) \_\_\_ YES \_\_\_ NO

**Please complete Page 2 to provide Dr. Silverman with your medical history**



**MEDICAL HISTORY – Please Check off / Complete Your Information**

Head and Neck:

- Migraines
- Seizures
- Dry Eyes
- Glaucoma
- Thyroid

Other \_\_\_\_\_

Heart:

- Angina
- Heart Failure
- Heart Attack
- High Blood Pressure
- Valve Problems

Other \_\_\_\_\_

Respiratory:

- Asthma
- Pneumonia
- Smoking

Other \_\_\_\_\_

Abdomen:

- Reflux
- Ulcers
- Digestion

Other \_\_\_\_\_

Gynecology:

- Breast Lumps / Biopsy
- Breast Cancer
- Ovarian Growths
- Uterine Growths

Other \_\_\_\_\_

Muskulo Skeletal:

- Arthritis
- Bone / Joint Injuries

Other \_\_\_\_\_

Previous Surgery – PLEASE LIST:

Medications – PLEASE LIST:

Allergies – PLEASE LIST: What Effect do you experience:

**Please complete Page 3 to inform us regarding your appointment with Dr. Silverman**



**I am interested in discussing the following with Dr. Silverman (PLEASE CHECK):**

Breast Enhancement:

- Enlargement
- Lifting
- Increased Shape
- Increased Firmness
- Increased Symmetry

Other \_\_\_\_\_

Liposuction for:

- Neck
- Chest
- Arms
- Abdomen / Tummy
- Flanks / Back
- Thighs
- Buttocks
- Hips
- Knees
- Saddlebags

Other \_\_\_\_\_

Facial:

- Eyelid lift
- Necklift
- Facelift
- Sagging
- Wrinkles

Other \_\_\_\_\_

Abdomen:

- Tummy Tuck / Abdominoplasty
- Liposuction
- Contouring
- Repair of Scars / Stretch Marks

Other \_\_\_\_\_

OTHER reasons for today's visit:

**Some of our Non-Surgical Cosmetic & Skin Care services are listed below.  
Please CHECK any topics you are interested in learning more about.**

- Maintaining a Youthful Appearance
- Improving Skin Tone / Skin Texture/ Color of Skin
- Skin Care Products for use at home
- Microdermabrasion
- BOTOX Cosmetic® Treatments
- Injectable Dermal Fillers
- Juvederm ® / Restylane ® Injections

- Reduce Wrinkles and Folds
- Lip Enhancement / Definition
- Gentle Eyebrow Lift / Shaping
- Soften Crow's Feet & Refresh Eye Area
- Soften Forehead / Frown Lines between Brows
- Soften a Downturned / "Sad" Mouth Shape
- Restore youthful volume in cheeks and mid-face
- Soften lines & folds in the mid and lower face