ADAM J. RUBINSTEIN, MD, PA

(305) 792-7575

Patient Information as of 2/20/2023

(Please Print Legibly & Fill In or Correct All Fields)

Patient's Name _____
First Middle Last

Address _____
Street & Apt # City State Zip

Home Phone _____ Cell Phone _____ Preferred Name: _____

Any restrictions for contacting you? ❒ No ❒ Yes E-mail _____

Instagram Handle: _____

Age _____ Birthdate ___/___/___ Sex At Birth:_____ Pronouns: _____

Marital Status ❒ Single ❒ Married to: _____ ❒ Other: _____

Patient's Employer _____ Occupation _____

Work Phone _____ Ext: _____ Is it okay to call you at work? ❒ Yes ❒ No

Address _____
Street & Suite # City State Zip

How did you hear about Dr. Rubinstein? (Mark all that apply)

❒ Instagram ❒ Facebook ❒ Newsletter ❒ Website ❒ Google ❒ Reputation

❒ Friend/Relative: _____ ❒ Doctor: _____ ❒ Other: _____

If you were referred by a specific person, may we thank them? ❒ Yes ❒ No

Emergency Contact
(Not in your household) _____ Relationship to Patient _____

Home Phone _____ Work Phone _____ Other Phone _____

Areas of Interest: (mark all that apply)

Facial Procedures

❒ Blepharoplasty (Eyelid Lift)
❒ Botox/Dysport
❒ Brow or Forehead Lift
❒ Earlobe Repair
❒ Facial Liposuction (Neck, Jowls)
❒ Face or Neck Lift
❒ Lip Enhancement
❒ Otoplasty (Ear Pinning)
❒ Rhinoplasty (Nose Reshaping)
❒ Skin Resurfacing (Laser, Peel, Etc.)
❒ Wrinkle Fillers (Injections)

Breast Procedures

❒ Breast Augmentation
❒ Breast Revision/Reconstruction
❒ Breast Reduction/Gynecomastia
❒ Mastopexy (Breast Lift)
❒ Nipple Reduction or Inversion

Body Procedures

❒ Abdominoplasty (Tummy Tuck)
❒ Brachioplasty (Arm Lift)
❒ Lower Body Lift
❒ Liposuction
❒ Thigh or Buttock Lift

Other Procedures

❒ Skin Care
❒ CoolSculpting ❒Warm Sculpting
❒ ThermiTight / Skin Tightening
❒ Cellulite Treatment
❒ IPL, Intense Pulsed Light
❒ Micro-needle Treatment / PRP
❒ Hair Removal / Hair Restoration
❒ Facial Implants (Chin, Cheek, Jaw)
❒ Laser Skin Resurfacing/Matrix
❒ Other: _____
_____

I understand that office visit charges are payable on the day service is rendered.

Signature _____ **Date** _____