



Lloyd Van Wyck, MD. FRCSC

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www.cosmeticsurgeryottawa.com
Confidential Patient Information

FAMILY NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____ APT # _____

CITY / PROVINCE: _____ POSTAL CODE: _____

HOME PHONE # _____ BUSINESS PHONE # _____

MOBILE PHONE # : _____ EMAIL ADDRESS: _____

Please indicate your preferred method of contact (X): Home # ___ Business # ___ Mobile # ___ Email ___ Other ___

BIRTHDATE (dd/mm/yyyy): _____ AGE _____ HEALTH CARD#: _____ VC _____

EMPLOYER: _____ OCCUPATION: _____ MARITAL STATUS: **M S D W**

NUMBER OF CHILDREN _____

HOW DID YOU HEAR ABOUT OUR CLINIC

(X) ___ Doctor Referral ___ Friend Referral ___ Article/Advertisement ___ Website ___ Yellow Pages
___ Locate a Doc ___ Other Clinic ___ Other (Please indicate name / source here if you wish)

CONSULTATION CONCERNS (CIRCLE) BREAST FACE ABDOMEN FAT EYES EARS NOSE SKIN CARE

OTHER (EXPLAIN) _____

HAVE YOU CONSULTED ANOTHER SURGEON REGARDING THIS CONCERN? YES NO

Do you have any bleeding problems YES NO Do you have diabetes or other metabolic problem YES NO
Heart Disease/High Blood Pressure YES NO Have you been under the care of a Psychiatrist YES NO
Do you smoke cigarettes YES NO Do you take ASA (Aspirin) YES NO

Past Surgery: _____

Medical Condition(s): _____

Prescription Medication(s): _____

Drug Allergies: _____

PATIENT SIGNATURE X _____ **DATE** _____

Non-Surgical COSMETIC services offered at Dr. Van Wyck's clinic. Please CHECK topics of interest.

<input type="checkbox"/> Improving Sun Damaged Skin <input type="checkbox"/> Improving Skin Tone / Skin Texture/ Color of Skin <input type="checkbox"/> Skin Care Products <input type="checkbox"/> Skin Rejuvenation	<input type="checkbox"/> Treatment of Rosacea/Facial Redness/Flushing <input type="checkbox"/> Treating Uneven Skin Pigmentation <input type="checkbox"/> Removal of Brown Spots / Age Spots <input type="checkbox"/> Minimizing Pore Size
<input type="checkbox"/> Reducing Wrinkles and Folds <input type="checkbox"/> Enhancing and Defining Lips <input type="checkbox"/> Treating Facial / Acne Scars <input type="checkbox"/> Softening of Smile Lines / Crow's Feet <input type="checkbox"/> Softening of Down Turned Mouth / Sad Mouth Shape <input type="checkbox"/> Softening of Vertical Lipstick / "Smokers" Lines around Lips <input type="checkbox"/> Smoothing of Forehead / Worry Lines between Brows	<input type="checkbox"/> Microdermabrasion <input type="checkbox"/> BOTOX Cosmetic® Treatments <input type="checkbox"/> Injectable Soft Tissue Fillers <input type="checkbox"/> Laser Hair Removal <input type="checkbox"/> IPL – Intense Pulse Light <input type="checkbox"/> Thermage <input type="checkbox"/> CO2 Laser Resurfacing