

# Dr. Christine Rodgers

DENVER PLASTIC SURGERY

## Medical Aesthetics

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Relationship Status: Single \_\_\_\_\_ Married/Domestic Partner \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Partners Name: \_\_\_\_\_ Employer: \_\_\_\_\_

In Case of an Emergency, call: \_\_\_\_\_ Relationship? \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Internist/Gynecologist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Dermatologist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### What are your main concerns?

Wrinkles

Sun damage

Acne/ acne Scars

Enlarged pores

Sagging skin

Rosacea

Unwanted skin pigmentation

Intimate feminine issues

### What procedures are you interested in? Check all that apply

Botox/Xeomin/Dysport

Fillers (Juvederm/ Voluma/ Radiesse/ Belotero/

Vollure/ Volbella/ Restylane)

Sculptra

Corrective BBL/ Forever Young BBL Fotofacials

(for discoloration due to age spots, blood vessels, etc)

Laser Resurfacing (MicroLaser

Peel/ProFractional)

PRP (Platelet Rich Plasma)

Microneedling

Chemical Peels

Acne treatments

DiVa Vaginal Laser

O-Shot

Skincare Products

Other: \_\_\_\_\_

### Sun Exposure Please check all that apply:

How often do you work/spend outdoors? Daily

Weekly Monthly

How often do you use sunscreen? Daily

Weekly Monthly Never

How often do you use tanning beds? Daily

Weekly Monthly Never

### Skin Evaluation

List how you care for your skin and the names of the products you are currently using:

#### MORNING

\_\_\_\_\_  
\_\_\_\_\_

#### EVENING

\_\_\_\_\_  
\_\_\_\_\_

**How would you describe your skin type?** Please chose one:

Very Oily Skin      Oily Skin      Combination Skin      Dry Skin      Sensitive skin

Are you pregnant? Y\_\_\_\_ N\_\_\_\_ Are you nursing? Y\_\_\_\_ N\_\_\_\_

Are you planning on becoming pregnant? Y\_\_\_\_ N\_\_\_\_

Are you currently taking ACCUTANE or have you taken this in the last 12 months? Y\_\_\_\_ N\_\_\_\_

**Medical History** Please check all that apply:

- |                    |                            |                     |
|--------------------|----------------------------|---------------------|
| Anemia             | Colitis                    | Herpes Simplex      |
| Arthritis          | Connective Tissue Disorder | HIV/AIDS            |
| Artificial Joints  | Defibrillator              | Irregular Heartbeat |
| Autoimmune Disease | Diabetes                   | Migraines           |
| Bleeding Disorder  | Dialysis                   | Multiple Sclerosis  |
| Blood Clots        | Depression                 | Pacemaker           |
| Breast Cancer      | Fibromyalgia               | Raynaud's Disease   |
| Bronchitis         | Food allergies             | Seizures            |
| Burns              | Heart Disease              | Stroke              |
| Cancer             | Heart Murmur               | Thyroid Disorder    |
| Chronic Cough      | Hepatitis B or C           | Tuberculosis        |
| Cold Sores         | High Blood Pressure        | Ulcers              |

**Skin History** Please circle all that apply:

- |                            |                  |                          |
|----------------------------|------------------|--------------------------|
| Actinic Keratosis          | Lupus            | Scleroderma              |
| Basal Cell Carcinoma       | Melanoma         | Serious Skin Infection   |
| Squamous Cell Carcinoma    | Melasma          | Swelling/Hives           |
| Connective Tissue Disorder | Non-healing skin | Undiagnosed Skin Lesions |
| Itching/Eczema             | Psoriasis        | Vitiligo                 |

Are you currently being treated for skin issues by your PCP or dermatologist? If yes, please explain:

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**Prescription/OTC Medications**

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**Medication Allergy and Reactions**

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Latex Allergy? Y N    Iodine Allergy? Y N  
Food allergies? Y N    Seasonal allergies? Y N  
Allergies to any facial products? Y N  
Please list: \_\_\_\_\_

**Topical Medications** Please check all that apply:

- |              |         |         |
|--------------|---------|---------|
| Differen     | Retin A | Refissa |
| Hydroquinone | Renova  | Tazorac |

**Previous Surgeries?** Please list:

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**Family History** Please check all that apply:

- |                      |                     |              |
|----------------------|---------------------|--------------|
| Adopted              | Diabetes            | Melanoma     |
| Autoimmune Disorders | Heart Disease       | Skin Disease |
| Cancer               | High Blood Pressure | Stroke       |

**Acknowledgement of  
Notice of Privacy  
Practices**

I hereby acknowledge that by signing below I have been offered the **Notice of Privacy Policies** established for Denver Plastic Surgery Associates.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**DOCUMENTATION OF GOOD FAITH EFFORTS TO OBTAIN PATIENT'S  
ACKNOWLEDGEMENT THAT THEY HAVE RECEIVED PROVIDER'S NOTICE OF PRIVACY  
PRACTICES**

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(For use when acknowledgement cannot be obtained from the patient.)

This patient presented to our office on \_\_\_\_\_ and was provided with a copy of our **Notice of Privacy Policies**. A good faith effort was made to obtain from the patient a written acknowledgement of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

Patient refused to sign

Patient was unable to sign or initial because: \_\_\_\_\_

The patient had a medical emergency, and an attempt to obtain the acknowledgement will be made at the next available opportunity.

Other reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

The procedures performed by Dr. Rodgers and her staff are considered cosmetic and our office does not accept health insurance. If you have any questions regarding our charges, please discuss these with us prior to your treatment.

Payment is expected at, or prior to, the time of the service unless other arrangements have been made in advance.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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**AUTHORIZATION OF FINANCE CHARGE**

If I do not pay my entire balance within 25 days of my service, a finance may be added to my account. The finance charge will be at a periodic rate of 1.5% per month or a minimum charge of \$2.00 for a balance under \$134.00 which is an annual percentage rate of 18% applied to the last months balance. In the case of default of payment, all costs of collection and reasonable attorneys fee will be added to this account.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Relationship to patient:  Self  Spouse  Parent  Guardian

**By choosing to use email or texting for communication with our office, you must agree to the following:**

1. Email/text lines are an open network, which provide no protection for the confidential exchange of health-related information.
2. Email and texting must not be the primary means of communication.
3. Email and texting cannot be used to address medical urgencies or emergencies. Please contact the clinic staff at 303-320-8618 regarding time-sensitive and urgent issues.
4. Email sent from Denver Plastic Surgery Associates is encrypted using SSL technology but will only be sent this way if the receiving location support this method. Please contact your system administrator to see if this is available within your organization.
5. If you choose to reach our staff either by text messaging or email, you are putting your health information at risk and are doing so willingly and of your own accord. Denver Plastic Surgery Associates prefers communication by telephone and without the exchange of photos and personal health information. If you choose to send photos or private health information, you have potentially jeopardized your protected health information by subjecting it to a network that may not be secure.

Although Denver Plastic Surgery Associates uses secured encryption programs to help safeguard patient information, we cannot be certain that the networks used by our patients to communicate with us are fully protected. Therefore, we cannot be held liable for a breach of protected information if you choose to communicate through non-secured networking systems.

### ATTESTATION:

I understand fully that texting and email networks are not secure and that if I choose to correspond with Denver Plastic Surgery Associates in this manner, any exchange of health-related information through these networks have the potential for compromise. I will not hold Denver Plastic Surgery Associates responsible or liable for a breach of HIPAA while utilizing these forms of communication.

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Patient Signature

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Date

## Denver Plastic Surgery Policies + Procedures

### **HOURS OF OPERATION**

Denver Plastic Surgery and Medical Aesthetics regular office hours are Monday thru Friday from 9am-5pm. Hours may vary seasonally.

### **APPOINTMENTS**

Please always plan to arrive at least 15 minutes prior to your scheduled appointment. Earlier arrival times may be required depending on the type of appointment you have scheduled so we are able to properly prepare you for your scheduled treatment. A credit card is required at the time of booking for all scheduled appointments.

### **PAYMENT INFORMATION**

Denver Plastic Surgery and Medical Aesthetics is a self-pay clinic. We accept all major credit cards, cash, or CareCredit Financing. We do not accept health insurance or personal checks.

### **LATE POLICY**

If you are more than 10 minutes late to your scheduled appointment, we may have to reschedule your appointment and charge you a non-refundable late reschedule fee of \$50. Please call our front desk at (303)-320-8618 if you think you may be late to your scheduled appointment.

### **CANCELLATION POLICY**

We understand that things come up and you may have to cancel or reschedule your appointment with us. We ask that you provide us with at least 24 hours' notice of cancellation for any appointment. Appointments cancelled with less than 24 hours' notice will incur a \$100 charge.

In the event of a true, unavoidable emergency, all or part of your cancellation fee will be applied to future services.

For surgical consultations with Dr. Rodgers, we ask that you provide her with at least 2 two business days' notice to cancel or reschedule your surgical consultation. This allows us to offer the appointment to other patients on her waitlist. Appointments canceled with less than 2 business days' notice will forfeit their \$100 consultation fee.

### **NO SHOW POLICY**

If you are unable to make your appointment, please be courteous and cancel your appointment. Patients who do not show for their appointment and do not call to notify our office, will be charged a \$200 no show fee.

### **REFUND POLICY**

All payments made to Denver Plastic Surgery and Medical Aesthetics are non-refundable. No refunds will be provided on any services and all treatment packages or treatment series paid for in advance are also non-refundable. If you are displeased with any service, we ask that you contact us regarding the issue within (3) business days of your appointment to ensure that management can address any concerns.

### **PATIENT ACKNOWLEDGEMENT**

*I acknowledge that I have read and understand these policies and procedures.*

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Patient Signature

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Date

**How did you learn about Dr. Rodgers?**

Please check all statements that apply

My friend \_\_\_\_\_ told me about Dr. Rodgers

My family member \_\_\_\_\_ told me about Dr. Rodgers

My Doctor \_\_\_\_\_ told me about Dr. Rodgers

Your location is convenient to my home or office

I noticed your ad in 5280 Magazine

I heard Dr. Rodgers speak at \_\_\_\_\_

I was referred by my insurance company

Internet Search

- Google- Keywords: \_\_\_\_\_
- Yahoo: Keywords: \_\_\_\_\_
- Another Search Engine- Keywords \_\_\_\_\_
- Real Self
- DenverPlasticSurgery.com
- Reach Local
- Vitals
- Health Grades
- Association Website (I.e. American Association of Plastic Surgeons)
- Implant Company Website (Mentor, Sientra, Allergan)

Other: \_\_\_\_\_