

MICHAEL D. BIRNBAUM, MD, PC

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HAVE YOU CHANGED YOUR INSURANCE? NO YES WILL YOUR INSURANCE CHANGE SOON? NO YES

IF YES, PLEASE MAKE SURE WE HAVE COPIES OF YOUR CARDS.

NAME _____ DATE _____

INTERVAL QUESTIONAIRRE

SINCE YOUR LAST VISIT, HAVE THERE BEEN ANY SIGNIFICANT CHANGES IN YOUR HEALTH OR OTHER PROBLEMS? NO YES

MENSTRUAL CHANGES NO YES

VAGINAL SYMPTOMS NO YES

NERVOUS SYSTEM PROBLEMS NO YES

HEART OR LUNG PROBLEMS NO YES

GASTRO-INTESTINAL PROBLEMS NO YES

KIDNEY OR BLADDER PROBLEMS NO YES

PELVIC PAIN OR RELATED PROBLEMS NO YES

SKIN PROBLEMS (ACNE, ROSACEA, ETC) NO YES

UNWANTED FACIAL OR BODY HAIR NO YES

OTHER NO YES IF YES, WHAT _____

PLEASE EXPLAIN ANY "YES" RESPONSES _____

LAST MENSTRUAL PERIOD? _____ ON BCP? NO YES

OVER

ALL CURRENT MEDS ("SAME AS BEFORE" IS NOT ACCEPTABLE) _____

DRUG ALLERGIES _____

RECENT SURGERY _____

CURRENT METHOD OF CONTRACEPTION _____

ARE YOU UNDER ANY OTHER PHYSICIAN'S CARE FOR ANY SIGNIFICANT HEALTH PROBLEMS?
NO YES

IF YES, WHO AND FOR WHAT _____

PLEASE LIST ANY OTHER ISSUES THAT YOU WOULD LIKE TO DISCUSS WITH ME

REVIEWED _____ DATE _____

WE ARE PROUD TO OFFER A FULL SERVICE MEDSPA WITH A VARIETY OF FDA APPROVED MEDICAL GRADE PRODUCTS AND SERVICES TO TREAT, CORRECT AND PREVENT A RANGE OF SKIN CONDITIONS. PLEASE INDICATE ANY/ALL SERVICES FOR WHICH YOU WOULD LIKE TO HAVE A FREE CONSULTATION WITH A BREYER MEDSPA REPRESENTATIVE:

- GENERAL SKIN CARE LASER HAIR REMOVAL ACNE TREATMENT
PIGMENTATION SKIN TIGHTENING/NON-SURGICAL FACE LIFT
SKIN RESURFACING SCAR REDUCTION VASCULAR THERAPY
CHEMICAL PEELS MICRODERMABRASION ACNE
TREATMENT
BOTOX/DERMAL FILLERS OTHER _____