

John Q. Cook, M.D.

W H O L E B E A U T Y®

737 N Michigan Ave., Suite 760
Chicago, Il 60611
(312) 751-2112

118 Green Bay Road
Winnetka, Il 60093
(847) 446-7562

PATIENT REGISTRATION AND CONSENT FOR TREATMENT FORM

PATIENT INFORMATION

_____ MALE FEMALE

MR/MRS/MS/DR _____ PREFERRED FIRST NAME

FIRST NAME M.I. LAST NAME

ADDRESS _____ APT.

CITY _____ STATE _____ ZIP _____

(_____) _____ (_____) _____
HOME PHONE MOBILE PHONE E-MAIL ADDRESS

BIRTH DATE _____ AGE _____

SINGLE MARRIED OTHER _____

I WOULD LIKE DR. COOK TO KEEP ME INFORMED ABOUT ADVANCES IN PLASTIC SURGERY VIA EMAIL.

DID YOU VISIT OUR WEBSITE AT WWW.JOHNQCOOKMD.COM? YES NO

REFERRAL INFORMATION

REFERRED BY PATIENT REFERRER BY PHYSICIAN REFERRED BY PATIENT REFERRER BY PHYSICIAN

REFERRAL SOURCE 1 NAME _____
REFERRAL SOURCE 2 NAME _____

ADDRESS (IF AVAILABLE) _____
ADDRESS (IF AVAILABLE) _____

CITY _____ STATE _____ ZIP _____
CITY _____ STATE _____ ZIP _____

PRIMARY CARE PHYSICIAN NAME _____

John Q. Cook, M.D.

W H O L E B E A U T Y®

EMERGENCY CONTACT

FIRST NAME LAST NAME

RELATIONSHIP

(_____) _____
MOBILE PHONE

E-MAIL ADDRESS

SPOUSE

FIRST NAME LAST NAME

SPOUSE'S EMPLOYER

(_____) _____
SPOUSE'S MOBILE PHONE

EMPLOYMENT INFORMATION

FULL TIME FULL TIME STUDENT RETIRED PART TIME PART TIME STUDENT OTHER

OCCUPATION COMPANY OR SCHOOL

INSURANCE INFORMATION

PRIMARY INSURANCE COMPANY NAME NAME OF INSURED

ADDRESS CITY STATE ZIP

(_____) _____
PHONE POLICY # GROUP #

*I authorize **John Q. Cook, MD** to furnish information on conditions he has treated me for to my insurance carrier. I assign to Dr. Cook all payments for medical services rendered by him for me or my dependents. I understand that I am responsible for any amount billed and not covered by my insurance. A photocopy of this authorization and assignment is considered as valid as the original.*

SIGNED (PATIENT OR PARENT IF MINOR)

DATE

*I hereby authorize **John Q. Cook, M.D.** to release any information acquired in the course of my examination or treatment.*

SIGNED (PATIENT OR PARENT IF MINOR)

DATE