



lam facial plastics

**Samuel M. Lam, M.D., F.A.C.S.**

**Patient Encounter Form for Elective Care**

Name: First \_\_\_\_\_ (Preferred \_\_\_\_\_) M.I. \_\_\_\_ Last \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ D.O. B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex \_\_\_\_ M \_\_\_\_ F SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Is it okay to leave a message on your answering machine? Yes/\_/No\_\_ If so, which one(s) \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Physician \_\_\_\_\_ Pharmacy \_\_\_\_\_

How did you hear about us? (Who referred you?) \_\_\_\_\_

What is your primary interest in coming here? \_\_\_\_\_

What other medical problems do you have? \_\_\_\_\_

\_\_\_\_\_

What surgeries have you had in the past? \_\_\_\_\_

\_\_\_\_\_

What medications do you take? \_\_\_\_\_

What medication allergies do you have? \_\_\_\_\_

If you have an allergy to a medication, what is your reaction to it, e.g., hives, swelling? \_\_\_\_\_

**A \$100.00 CONSULTATION FEE WILL BE ASSESSED PRIOR TO CONSULTATION**