

# SHAPE MD

Passionate about medicine. Compansionate about people.

10848 72 Avenue, Edmonton, AB T6E1A3  
Tel: 780-988-2639 Fax: 780-988-2609

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Alberta Healthcare Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Pharmacy Name & Fax Number:** \_\_\_\_\_

**Current Occupation:** \_\_\_\_\_

**Family Doctor's Name:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Allergies & Drug Allergies:** \_\_\_\_\_

**Special Needs:** \_\_\_\_\_

**Previous Surgeries: Yes or No, If Yes, please specify:** \_\_\_\_\_

**Previous Surgeries Complications: Yes or No, If Yes, please specify:** \_\_\_\_\_

**Previous Hospital Admission:** \_\_\_\_\_

**Patient Label:**

**Past Medical History (Diabetes, Heart Disease, Lung, Kidney Disease, etc.):** \_\_\_\_\_

**Family Medical History:** \_\_\_\_\_

**How Much Alcohol Do You Consume Per Week:** \_\_\_\_\_

**Do You Smoke?:** \_\_\_\_\_

**Any Risk of Hepatitis, Syphilis or HIV?:** \_\_\_\_\_

**Shape MD also provide the following services.  
Please circle off any treatments you may be interested in or have questions about.**

<b>Botox</b>	<b>Derma Filler</b>	<b>Acne</b>
<b>Microneedling</b>	<b>Platelet Rich Plasma</b>	<b>Chemical Peel</b>
<b>Microdermabrasion</b>	<b>Laser Hair Removal</b>	<b>Dermaplaning</b>
<b>Skin Tightening</b>	<b>Pigmentation</b>	<b>Skin Tags</b>
<b>Tattoo Removal</b>	<b>Brow Lamination</b>	<b>Radio Frequencies</b>
<b>Mole Removal</b>	<b>VelaShape Body Contour</b>	<b>Hair Rejuvenation</b>