

LUXURGERY

The confluence of luxury and aesthetic surgery

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Plastic Surgery

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DEMOGRAPHIC INFORMATION

FIRST NAME:
MIDDLE INITIAL:
LAST NAME:

PREFERRED NAME:

ADDRESS LINE 1:
ADDRESS LINE 2:
CITY:
STATE:
ZIP:
COUNTRY:

EMAIL:

PREFERRED LANGUAGE:

SSN:
DOB: AGE:

INSTAGRAM:

PRIMARY PHONE:
SECONDARY PHONE:
PREFERRED CONTACT METHOD:
<input type="checkbox"/> NONE
<input type="checkbox"/> TEXT
<input type="checkbox"/> EMAIL
<input type="checkbox"/> PHONE
<input type="checkbox"/> OTHER

GENDER:
<input type="checkbox"/> FEMALE
<input type="checkbox"/> MALE

PRIMARY RACE:
<input type="checkbox"/> WHITE
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN
<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE
<input type="checkbox"/> DECLINED TO SPECIFY
<input type="checkbox"/> ASIAN
<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
<input type="checkbox"/> HISPANIC

MARITAL STATUS:
<input type="checkbox"/> MARRIED
<input type="checkbox"/> SINGLE
<input type="checkbox"/> WIDOWED
<input type="checkbox"/> DIVORCED
<input type="checkbox"/> LEGALLY SEPERATED
<input type="checkbox"/> UNKOWN
<input type="checkbox"/> DOMESTIC PARTNER

ETHNICITY:
<input type="checkbox"/> HISPANIC OR LATINO
<input type="checkbox"/> NOT HISPANIC OR LATINO
<input type="checkbox"/> DECLINED TO PROVIDE INFO

EMPLOYMENT STATUS:
<input type="checkbox"/> EMPLOYED
<input type="checkbox"/> DISABLED
<input type="checkbox"/> RETIRED
<input type="checkbox"/> PART TIME
<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> STUDENT
<input type="checkbox"/> NOT-EMPLOYED

EMPLOYER:
STUDENT STATUS / SCHOOL:
<input type="checkbox"/> FULL TIME
<input type="checkbox"/> PART TIME
<input type="checkbox"/> NOT A STUDENT
<input type="checkbox"/> UNKNOWN

EMERGENCY CONTACT NAME:
EC NUMBER:
RELATIONSHIP:

PHARMACY:
PHARMACY LOCATION:
PHARMACY PHONE NUMBER:

PRIMARY CARE PHYSICIAN:
PCP'S NUMBER:

REFERRAL SOURCE:

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HPI (FOR DOCTOR USE):

* MEDICAL HISTORY:

* MEDICATIONS:

* ALLERGIES:

* SURGICAL HISTORY:

* SOCIAL HISTORY:
TOBACCO / SMOKING:
ALCOHOL USAGE:

* FAMILY HISTORY:
MOTHER:
ALIVE (CIRCLE ONE): YES OR NO
CURRENT AGE OR AGE OF DEATH:
MEDICAL PROBLEMS:
FATHER:
ALIVE (CIRCLE ONE): YES OR NO
CURRENT AGE OR AGE OF DEATH:
MEDICAL PROBLEMS:

PHYSICAL EXAM (FOR DOCTOR USE):

COSMETIC PLAN (FOR DOCTOR USE):