



Welcome To Our Spa

Last Name _____ First Name _____ MI _____
Street Address _____
City _____ State _____ Zip Code _____
Home phone _____ Work phone _____
Cell phone _____ Email _____
Date of Birth _____ Sex _____
Are you pregnant? _____
Do you plan on becoming pregnant? _____

Confidentiality statement

In order to protect the privacy of our patients, Dr. McRae has a strict confidentiality policy. Without your consent, we will not release any of your medical spa care information to anyone.

(I.e. spouse, family member, friend or coworker.)

_____ I give consent for you to release any of my healthcare information to the following person/people:

_____ I do not want my healthcare information released

Patient's Signature

Date