



New Results Medical Weight Loss

The Healthy Weight Loss Program That Delivers Results!

New Results Medical Weight Loss
Men's Health/Hormone Replacement Therapy
Steven Wiener, MD

PATIENT REGISTRATION

Date: _____

Legal Name: _____ Preferred Name: _____

Birth Date: _____ Age: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Emergency Contact: _____ Phone: _____

Employer: _____

Occupation: _____ Work Phone: _____

Name of Spouse or Guardian: _____

Employer: _____ Work Phone: _____

Last Physician Consulted: _____

Reason for that visit: _____

How did you hear about New Results Medical Weight Loss and our HRT (Hormone Replacement Therapy) Business? (Circle one)

Friend/Professional Referral/Internet Search/Flyer/Ad/Event_____

Whom may we thank for referring you?

What are your top health concerns?

1. _____

2. _____

3. _____

CURRENT MEDICATIONS: (Please include prescription and over the counter medicines/supplements/Herbs/Etc.)

Drug Allergies: _____

Other Allergies: _____

HABITS (Please list type, frequency and/or quantities):

Caffeine: _____

Alcohol: _____

Smoking: _____

EXERCISE:

Type:

Days per week:

Cross training:

Weight training:

Competitive events:

Number of competitions per month/year:

PAST MEDICAL HISTORY:

Childhood Illnesses: _____

Adult Illnesses: _____

Hospitalizations: _____

Surgeries: _____

Injuries: _____

HEALTH CONCERNS:

Please circle items that are **Current or Recent** problems for you.

Please fill in the blanks where appropriate.

Current Weight: _____ Weight 1 year ago: _____

Maximum Weight: _____ Minimum Weight: _____

Male specific – Do You Experience (circle any/all that apply):

- Increased/Excess Belly Fat
- Loss of muscle mass
- Erectile difficulties
- Prostate/Pelvic Pain
- Testicular Pain
- Loss of sex drive
- Loss of penile sensation
- Anorgasmia (inability to orgasm)
- Premature ejaculation
- Hair loss
- Urinary urgency
- Nighttime urination _____times per night
- Decreased force of urine flow

PAYMENT POLICY

I understand that payment for services, lab tests, and pharmacy are due at the time of service. I also understand that New Results Medical Weight Loss will not be responsible for billing insurance and that New Results Medical Weight Loss does not accept insurance for its services, pharmacy, or lab tests.

I understand that there is a 24-hour cancellation policy for all initial office visits, return office visits, and IV appointments. Any cancellations within this time are subject to a \$25 late cancellation fee.

Signature: _____ Date: _____