Cosmetic Surgery Institute of Palm Desert
73-710 Alessandro Drive, Suite A1
Palm Desert, CA 92260
Phone Number: 760-837-0364
www.csipd.com

PATIENT INFORMATION FORM

Patient Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Carrier: _____

DOB: _____ Age: _____ Gender: _____

Social Security Number: _____ Email Address: _____

Employer Name: _____ Address: _____

Occupation: _____ Work Phone: _____

Who is your primary care physician? _____

How did you hear about our clinic?
Would you like to sign up for Brilliant Distinctions to save $ on fillers, Botox, Latisse and other Allergan products?

☐ Wellness Hour ☐ Patient Referral: _____
☐ Facebook/Twitter ☐ Friend: _____
☐ Web Search Engine ☐ Dr. Referral: _____
☐ Other: _____

What is the nature of your visit? _____

Emergency Contact

Name: _____ Relationship: ☐ Spouse ☐ Parent/Guardian ☐ Other: _____

Home Phone: Cell Phone: Work Phone:

I have read this questionnaire and disclosed my medical history to the best of my knowledge.
Patient Signature: _____ Date: _____