

Dr. Cap Lesesne®

International Cosmetic Surgery™

Welcome to the surgical practice of Dr. Cap Lesesne®. We strive to provide you with the highest quality service, and the best experience possible. Please complete the following questions thoroughly. Should you have questions, please ask. All information is strictly confidential.

PLEASE PRINT CLEARLY

Name: _____

Date of birth: / /

Sex: M: _____ F: _____

Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

COMMUNICATIONS:

Home Telephone: _____ Mobile Telephone: _____

What email address would you like us to use? _____

We routinely communicate to our patients via our Gmail account and have not had any problems. However, we can't guarantee the privacy of Gmail. Should you wish us to communicate with you by email, your providing us with an email account is an acceptance of this.

Occupation & Employer: _____

Business address: _____

City: _____ State: _____ Zip: _____ Country: _____

Physician's Name: _____ Office Number: _____

IF YOU ARE UNDERGOING RECONSTRUCTIVE SURGERY PLEASE COMPLETE THE FOLLOWING INFORMATION

Insurance Company Name: _____

Member ID: _____ Group Number: _____

Insurance Address: (Located on the back of the card)

PLEASE GIVE YOUR INSURANCE COMPANY CARD TO OUR PATIENT COORDINATOR TO COPY.

New York City
620 Park Avenue
New York, NY 10065
212.570.6318

Online
www.caplesesne.com
info@caplesesne.com
www.caplesesne.co.uk

United Kingdom
Belgravia, London
(0207) 993.2759

Dr. Cap Lesesne[®]

International Cosmetic Surgery[™]

How were you referred to Dr. Cap Lesesne[®]?

Friend: _____ Doctor: _____
Internet: _____ Media: _____
Other: _____

MEDICAL CONDITION

Height: _____ Weight: _____

Do you smoke? _____ If yes, how much? _____ Alcohol per week: _____

Drug Allergies: _____

CURRENT MEDICATIONS

Name: _____ Daily Dose: _____

DO YOU TAKE THE FOLLOWING NON-PRESCRIPTION SUPPLEMENTS?

Aspirin: Y: _____ N: _____ Vitamins: Y: _____ N: _____
Homeopathics: Y: _____ N: _____ Hormones: Y: _____ N: _____

Have you had any previous surgical procedures? Y: _____ N: _____

Type and Date: _____

Did you experience any complications? Y: _____ N: _____

If yes, please explain: _____

Do you have a history of high temperature during surgery? Y: _____ N: _____

Do you have a family history of autoimmune disease? Y: _____ N: _____

Do you have a history of prolonged bleeding? Y: _____ N: _____

Do you or a family member have a genetic disorder? Y: _____ N: _____

Do you or a family member have any skin allergies? Y: _____ N: _____

New York City
620 Park Avenue
New York, NY 10065
212.570.6318

Online
www.caplesesne.com
info@caplesesne.com
www.caplesesne.co.uk

United Kingdom
Belgravia, London
(0207) 993.2759

Dr. Cap Lesesne[®]

International Cosmetic Surgery[™]

Have you had any medical admissions to a hospital? Y: _____ N: _____
If yes please explain: _____

Did you experience any complications? Y: _____ N: _____

If yes, please explain: _____

Have you had any of the following?

General: Fever: Y: _____ N: _____ Weight loss: Y: _____ N: _____
 Depression: Y: _____ N: _____ Prolonged headaches: Y: _____ N: _____
 Mental conditions: Y: _____ N: _____

Back: Back injury: Y: _____ N: _____ Back pain: Y: _____ N: _____

Eyes: Poor vision: Y: _____ N: _____ Double vision: Y: _____ N: _____
 Cataracts: Y: _____ N: _____ Glaucoma: Y: _____ N: _____
 Wear glasses or contacts: Y: _____ N: _____

Ears: Poor hearing: Y: _____ N: _____ Vertigo: Y: _____ N: _____
 Ringing in ear: Y: _____ N: _____

Nose &
Throat: Nasal Stuffiness: Y: _____ N: _____ Nasal Allergies: Y: _____ N: _____
 Nose Bleeds: Y: _____ N: _____ Sinus Trouble: Y: _____ N: _____

Mouth: Dental Problems: Y: _____ N: _____ Jaw Pain: Y: _____ N: _____
 Trouble Chewing: Y: _____ N: _____ Dry mouth/throat: Y: _____ N: _____
 Loose teeth or dentures: Y: _____ N: _____

Neck: Swollen Glands: Y: _____ N: _____ Goiter: Y: _____ N: _____
 Neck Pain: Y: _____ N: _____ Trouble moving neck: Y: _____ N: _____
 Trouble swallowing: Y: _____ N: _____

Endocrine: Thyroid Problem: Y: _____ N: _____ Diabetes: Y: _____ N: _____

Heart: Heart trouble: Y: _____ N: _____ Heart Attack: Y: _____ N: _____
 Heart Murmur: Y: _____ N: _____ Chest pain: Y: _____ N: _____
 Palpitations: Y: _____ N: _____ High Blood Pressure: Y: _____ N: _____

Lungs: Trouble breathing: Y: _____ N: _____ Cough: Y: _____ N: _____
 Asthma: Y: _____ N: _____ Spitting up blood: Y: _____ N: _____

Dr. Cap Lesesne[®]

International Cosmetic Surgery[™]

Digestive: Nausea: Y: ____ N: ____ Vomiting: Y: ____ N: ____

Liver: Jaundice: Y: ____ N: ____ Hepatitis: Y: ____ N: ____
Gallstones: Y: ____ N: ____

Arms/ Legs: Numbness/Tingling: Y: ____ N: ____ Tremors: Y: ____ N: ____
Difficulty moving extremities: Y: ____ N: ____

Neurological: Stroke: Y: ____ N: ____ Seizure disorder: Y: ____ N: ____

Bleeding: Frequent Nose bleeds: Y: ____ N: ____ Easy Bruising: Y: ____ N: ____
Prolonged bleeding from lacerations: Y: ____ N: ____
Bleeding from the teeth/ gums: Y: ____ N: ____

Gynecologic: Date of last menstrual period: _____
Pregnancies: _____

Please check the procedures or areas that are of interest to you and that you would like Dr. Lesesne to address:

Face:

Brow: ____ Midface: ____ Neck: ____ Facelift: ____
Upper eyelids: ____ Lower eyelids: ____ Eye's (Other): ____ Nose: ____
Cheeks: ____ Chin: ____ Lips: ____ Facial skin: ____ Ears ____
Other: ____

Body:

Breast augmentation: ____ Breast lift: ____ Breast reduction: ____
Breast asymmetry: ____

Liposuction of:

Arms: ____ Abdomen: ____ Hips: ____ Legs: ____ Neck: ____ Ankles: ____
Back: ____ Thighs: ____ Abdominoplasty (Tummy Tuck): ____
Arm contouring: ____ Leg sculpting: ____

Injectables:

Restylane: ____ Radiesse: ____ Botox: ____ Sculptra: ____ Fat Injections: ____

RECONSTRUCTIVE

Breast: ____ Skin cancer: ____ Skin scars: ____ Nose: ____
Other (Please explain): _____

Please list any additional interests and questions: _____

Dr. Cap Lesesne[®] International Cosmetic Surgery_{TM}

HIPAA (Health Insurance Portability and Accountability Act) is your privacy assurance within a medical facility. We will be happy to produce our Notice of Privacy Practices for your review upon request.

Under the HIPAA guidelines we are obligated to protect your private health information. Kindly review and sign the following, so that we may have a permanent record of how we may contact you with any medical information.

Thank you for your cooperation.

- | | | |
|--|-----|----|
| 1. I may be contacted by this office via e-mail | YES | NO |
| 2. This office may leave a voicemail on my phone | YES | NO |

Phone number(s) where you may leave messages:

- | | | |
|--|-----|----|
| 3. This office may contact me via mail | YES | NO |
|--|-----|----|

Physical address where medical information may be sent:

This office may release my information and/or medical records to the following individuals

1. _____
2. _____

Patient Signature _____ Date _____

New York City
620 Park Avenue
New York, NY 10065
212.570.6318

Online
www.caplesesne.com
info@caplesesne.com
www.caplesesne.co.uk

United Kingdom
Belgravia, London
(0207) 993.2759

Dr. Cap Lesesne® International Cosmetic Surgery™

Please take a moment to review the following information and sign and date this form. This form will be kept on file.

For our patients interested in cosmetic procedures, the office does expect payment in full prior to your procedure. We are available to have financial discussions with you regarding payment either in person or by phone. For your convenience, we can also take a credit card payment from you by phone and arrange financing.

For our patient with insurance coverage for reconstructive procedures, we will do everything necessary to obtain the authorization from your insurance carrier for you. We will keep you informed on the pre-determination and authorization process and resolution. We participate with some insurance plans but you will be still be responsible for your deductible and coinsurance prior to your procedure.

Many insurance carriers will send the payment directly to you, and we will also be notified by them in writing of the payment, check date, and check amount. We ask that you endorse any checks that you may receive, and forward the check, as well as any accompanying correspondence, to our office. Upon receipt of the payment, we will apply it accordingly to your account. It is your responsibility to pay any deductible amount, coinsurance or any balance not paid by your insurance. We request that our charges for office visit are to be paid at the conclusion of each visit. Understand and agree that if this account should become delinquent, past 4 months, you shall be responsible for any legal and collection fees. I assign all medical and/or surgical benefits to include major medical benefits to which I am entitled to. I understand that I am financially responsible for all charges whether or not paid by said insurance. I have had the opportunity to read and understand the health insurance affordability and confidentiality procedures for this office. I hereby authorized said assignee to release all information necessary to secure payment. (We also notify the IRS should any funds be kept by you from your insurance carrier as they are processed under our tax ID number).

I understand that I am responsible to Dr. Cap Lesesne® for any deductibles, co-insurance, or balances that my insurance carrier does not satisfy.

Dr. Cap Lesesne® has a policy to ensure the privacy of your medical information that is in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA). You have the right as a patient to receive a written or verbal explanation of this program. I acknowledge that I have received a copy of the office privacy notice. I am aware of the patient bill of rights.

Dr. Cap Lesesne® and International Cosmetic Surgery™ are trademark and copyright protected. Authorized use, duplicate facsimile or reference to can only be obtained after written authorization. Any use without authorization is unauthorized and can lead to litigation.

New York City
620 Park Avenue
New York, NY 10065
212.570.6318

Online
www.caplesesne.com
info@caplesesne.com
www.caplesesne.co.uk

United Kingdom
Belgravia, London
(0207) 993.2759

Dr. Cap Lesesne®

International Cosmetic Surgery™

We want your feedback. If our office does a good job, tell us. If we could do something better, tell us. We take quality control seriously and have it as part of our accreditation. While there are many rating sites on the web, we have found them to be inaccurate, missing key information or resulting from financial arrangements. Please let us get it right for you. We can recommend sites that are more accurate and fair. Some medical practices sell patient information, we do not. We will not use your data for marketing and respect your privacy.

Dr. Cap Lesesne® has invested significant financial and marketing resources into developing the surgical practice. Nothing in this prohibits a patient from posting a commentary about Dr. Cap Lesesne®. In consideration for above privacy treatment, if you prepare such commentary for publication on the web, blog/forums and other review sites, you assign all intellectual property rights, including copyrights, to this practice for any written, pictorial and or electronic commentary. This agreement shall be in enforce during the New York State Law health care record retention period of six years as a matter of office policy, Dr. Cap Lesesne® is requiring all of his patients sign this mutual privacy agreement so as to establish that any anonymous or pseudoanonymous publishing or airing commentary will be covered by this agreement for all doctor relationships.

Patient and doctor acknowledge that breach of this agreement may result in serious and irreparable harm. Patient and physician agree to the right of equitable relief (including but limited to injunctive relief). Should a breach of this agreement result in litigation, the prevailing party in the litigation shall be entitled to reasonable costs, expenses, and attorney fees associated with the litigation.

Patient Signature

Date

Guardian

Date

New York City

620 Park Avenue
New York, NY 10065
212.570.6318

Online

www.caplesesne.com
info@caplesesne.com
www.caplesesne.co.uk

United Kingdom

Belgravia, London
(0207) 993.2759