Eileen C. Comia, M.D.
Medical Director

35 Jolley Drive Suite 102
Bloomfield, CT 06002
Tel 860.242.2200
Fax 860.242.2212
www.AdvBioMedTx.com
www.facebook.com/advbiomedtx

Patient Intake Form for Verju

Today's Date					
Name			Date of Birth		
Address				Gender	
Cellphone		Email			

Medical History*	Place a check.		
	Yes	**No**	
Pacemaker / Defibrillator			
Metal Implants			If yes, where:
Current or history of skin cancer / other cancer / pre-malignant moles			If yes, where:
Severe concurrent medical conditions (e.g., cardiac disorders)			
Are you on a blood thinner?			
Pregnancy and Nursing			Not Sure
Active Infection or Open Wound			If yes, where:
Hernia (umbilical, ventral, incisional, inguinal, femoral)			
List any medications:			
List any allergies:			
Detail any medical condition/s:			
Other considerations:			

Name of Patient: Date:

Patient Intake Form Agreement

I, (Patient Name) _____, hereby declare that the above information is true and complete. I confirm that I have informed the medical staff regarding any current or past medical condition, disease, and/or medication taken. I am aware that should I develop any untoward side effects or results which are attributable to false or incomplete medical information, I will not hold liable Dr. Eileen C. Comia and the Advance Biomedical Treatment Center medical staff.

_____ _____
Patient Signature Date Signed

If patient is a minor, parent/guardian must sign below.

_____ _____
Parent / Guardian Signature Date Signed

PHYSICIAN CONSULT NOTE