

Sara Wasserbauer, M.D., PC
1299 Newell Hill Place, Suite 200
Walnut Creek, Ca 94596

PATIENT REGISTRATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Birth Date: _____ Age: _____ Gender: M F

Social Security # _____ (Required for Surgery Only)

Cell Phone # _____

Home Phone # _____

Work Phone # _____

Email Address: _____

How do you prefer to receive information from our office? Email Paper
(Sara Wasserbauer, MD respects your privacy. We do not sell any of your personal information.)

Employer: _____

Any known allergies or allergic reactions? _____

HOW DID YOU HEAR ABOUT US?

Google / Yodle / Locate-A-Doc / American Health & Beauty / Propecia.com / Newspaper
ON Magazine / Diablo Magazine / Referral / Other: _____

Signature: _____

Date: _____

DO YOU HAVE A HISTORY OF: (Please circle "Y" or "N")

Bleeding problems (nose bleeds, gum bleeds, easy bruising, etc.)	Y	N
Poor or abnormal healing (wide scars, raised scars, keloids, slow healing)	Y	N
Liver Problems (Hepatitis)	Y	N
High Blood Pressure	Y	N
Heart Disease (heart attack, arrhythmia, irregular pulse, heart murmur, etc.)	Y	N
Lung Disease (asthma, pneumonia, chronic bronchitis)	Y	N
Hormonal Diseases (Diabetes, Thyroid problems, etc.)	Y	N
Kidney, Bladder disease (Prostate)	Y	N
Stomach Disease (ulcers, heartburn, etc.)	Y	N
Neurological Disease (stroke, seizures, fainting)	Y	N
Hay Fever, Hives	Y	N
Eczema, Psoriasis	Y	N
Glaucoma	Y	N
Do you have any artificial joints, heart valves, or metal pins	Y	N
Disorders of the Immune System	Y	N
Tattoos	Y	N
Blood Transfusions	Y	N
Emotional Problems (depression, anxiety, panic disorder, etc.)	Y	N
Have you been told you need antibiotics prior to surgery	Y	N
Rare Disorders (Hereditary Angiodema, Malignant Hyperthermia)	Y	N

Weekly alcohol intake: _____ Weekly Cigarette use: _____ Drug use: _____

Are you allergic to or have a "bad reaction" to any of the following local anesthetics and other medications occasionally used in surgery: (Please circle)

Novocain – Xylocaine – Skin Tape – Iodine – Valium – Penicillin – Codeine – Prednisone – Substances on skin

List any other medications to which you are allergic to or have a "bad reaction" to: _____

List all prescription and non-prescription medications, drugs, vitamins, or supplements you take either regularly (Including Rogaine, Vitamin E, over-the-counter pain medications like Advil or Motrin, etc.)

Please list any operations (including previous hair transplants) or serious medical conditions not listed above or give details to questions asked:

Personal Care Physician: _____ # _____

HAIR LOSS HISTORY

Hair Color: _____ Texture: (circle any/all) Straight/ Wavy/ Curly/ Perm/ Kinky

When did you first notice your hair loss: _____

Duration of loss: _____ Daily Shedding: (hairs per day average) _____

Have you ever done a "Hair Count" YES / NO Results: _____

Menstrual History: Are you pregnant? YES / NO Breast Feeding: YES / NO

Date of your last period: _____ Menopause: YES / NO Date Started: _____

Hormone Replacement Therapy: YES / NO Medication: _____

Are you currently on Birth Control? YES / NO List: _____

Estrogen: Y/N Corticosteroids: Y/N Rogaine: Y/N

Have you ever had any of the following:

Cancer / Eating Disorder / Severe weight loss or gain / Trauma / Autoimmune disorder

HAIR HISTORY:

Circle any/all: Dyes / Bleach / Perms / Straightening / Braiding / Extensions
Hairpieces

If so, how long/often: _____

On a daily basis do you use:

Hair Spray / Setting lotion

Dryer / Rollers / Curling iron / Teasing

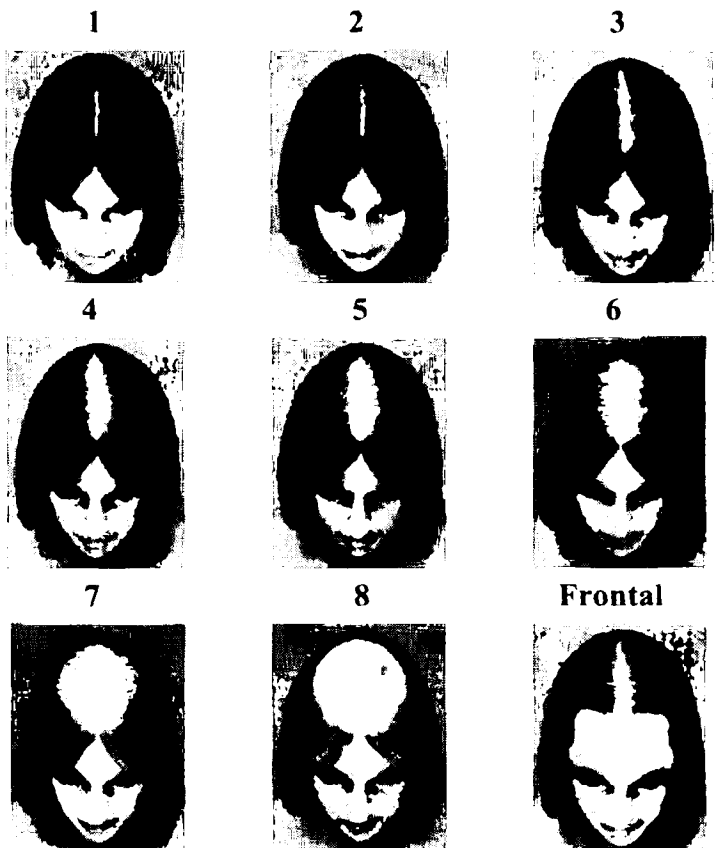
Frequency of hair care regimen:

(wash, color, cut etc)

Who has the most advanced hair loss
in your family:

Circle the degree of hair loss which best
describes you from the photo →

Patient Signature:



Physician-Patient Arbitration Agreement

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services are rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All claims must be Arbitrated: It is the intention of the parties that this agreement shall cover all claims or controversies whether in tort, contract, or otherwise, and shall bind all parties whose claims may arise out of or in any way related to treatment or services provided or not provided by the below identified physician, medical group, association, their partners, associates, corporations, partnerships, employees, agents, and/or providers (herein shall be collectively referred to as "Physician") to a patient, including any spouse or heirs of the patient, and to any children, born or unborn, at the time of occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child(ren). Filing by Physician of any action in any court by the physician to collect any fees from the patient shall not waive the right to compel arbitration of any malpractice claim. However, following the assertion of any claims against Physician, any fee dispute, whether or not the subject of any existing court action, shall also be resolved by arbitration.

Article 3: Procedures and applicable law: A demand for arbitration must be communicated in writing by U.S. mail, postage prepaid, to all parties, describing the claim against Physician, the amount of damages sought, the names, addresses and telephone numbers of the patient and (if applicable) his/her attorney. The parties shall thereafter select a neutral arbitrator who was previously a California superior court judge, to preside over the matter. Both parties shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the arbitrator. Patient shall pursue his/her claims with reasonable diligence and the arbitration shall be governed pursuant to Code of Civil Procedure §§ 1280-1295 and the Federal Arbitration Act (9 U.S.C. §§1-4). The parties shall bear their own costs, fees, and expenses, along with a pro rata share of the neutral arbitrator's fees and expenses.

Article 4. Retroactive Effect: The patient intends this agreement to cover all services rendered and products sold by Physician not only after the date it is signed (including, but not limited to, emergency treatment) but also before it was signed as well.

Article 5: Revocation: This agreement may be revoked by written notice delivered to Physician within 30 days of signature and if not revoked, will govern all medical services received by the patient.

Article 6: Severability Provision: In the event any provision(s) of this Agreement is declared void and/or unenforceable, such provision(s) shall be deemed severed there from and the remainder of the Agreement enforced in accordance with California law.

I understand that I have the right to receive a copy of this agreement. By my signature below I acknowledge that I fully understand and agree to the terms defined in this agreement.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

SARA WASSERBAUER, MD

Physician _____ Date _____

Print Patient's Name _____ Date _____



Physician's Signature _____ Date _____

Patient's Signature _____ Date _____