



Adult Patient History Form and Photograph Identification Authorization

Sex: *M / F* DOB (mm/dd/yyyy): _____ SS#: _____
Last Name: _____ First Name: _____ MI: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Cell Ph Carrier: _____ e-mail address: _____
Employer's Name or School Name: _____
Spouse's Name: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____
Preferred Pharmacy: _____
How you found our practice: _____

Relationship to patient: *Self / Child / Spouse / Other*

In order to help us be better acquainted with you we would like to take a picture of you in our office. It will be kept in your medical record chart for identification only. If the need for you to call us shall arise, this picture will allow us to easily put a face with your name.

Signature _____ Date _____
(My signature above is my consent to a portrait –type photo for staff ID use only.)

I, _____, do hereby fully and freely consent to the use, by the Mondello Medical Spa and its agents and assign, of my photograph, picture, name, comments, and/or voice in any film, videotape, recording, sound track, and/or other mechanical means or recording pictures and/or sound. I also consent to the use and reuse thereof on any television or radio station and/or in any publication by the Mondello Medical Spa at such time or times as by the Mondello Medical Spa, its agents and assign desire to use the same. I do hereby release and hold harmless by the Mondello Medical Spa, its agents and assign from any liability with regard to the above stated purposes arising out of said participation in said publications, advertisements and/or promotions. I hereby grant the Mondello Medical Spa, its agents and assign the right to use, and to license others to use, my photograph, picture, name, comments and/or voice to