



Female Introduction Private Medical Health Form

Please fill out the form below to request an appointment with Dr. Gidon Frame.

Name

First

Last

Address

Address Line 1

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone

Email

Date of Birth

How did you hear about us?

Medical Health Card Number -PHN

Why do you want to see Dr. Frame?

What are your main health concerns? (if different from above)

Describe any previous hormone or steroid treatments:

Are you experiencing symptoms of menopause or aging?

Yes No

Current Supplements: Vitamins

If so, describe symptoms.

Current Supplements: Minerals

List all medications & hormones with dosages that you are currently taking:

Current Supplements: Herbs

Cancellation and No-Show Policy:

We reserve valuable time especially for you, Anti-Aging Medical and Laser Clinic has an active cancellation and no-show policy.

No-Show Fees: \$550

Late Cancellation Fee: \$275 (Within 48 hours prior to appointment by phone -no email.)

Cancellation or late cancellation fee must fully paid prior to a new booking being made.

Please signify that you agree to these policies by entering your name and the date below.

Today's date:

Signature