



East Ear, Nose, and Throat Division

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Client Intake Form

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Do you wish to be included and receive any email or mail promotions/newsletters? Yes No

DOB: _____ Marital Status: Single Married

Occupation: _____ Employer: _____

Preferred Appointment Day and Time: _____

How did you hear about us? Groupon Yellow Pages Sign

Friend: _____

Other: _____

What are your long-term skin care goals?

What are your goals for this treatment?

Present symptoms: What is your major complaint or condition you want to improve?

What activities and products have you used to address this condition?

What activities or products aggravate this condition?

What activities or products improve this condition?

Are you under medical/therapeutic treatments? Yes No

List any medications and nutritional supplements you are taking (Including aspirin):

Do you have any known allergies? No Yes _____

Do you tan, either using a tanning bed or direct sunlight? Yes No

When was the last time you tanned? _____