



*Live Agelessly*

8605 S. Eastern Ave. Suite C  
Las Vegas, NV 89123  
Phone: (702)546-5483

## Medical Update

Thank you for choosing Liveagelessly!! In order to serve you properly, we need the following information updates.  
Please print. **ALL** information will be confidential.

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**1.) Medical Changes Since Last Year: No Changes: \_\_\_\_**

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**2.) Surgical Changes Since Last Year: No Changes: \_\_\_\_**

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**3.) Medication/Supplement List: None: \_\_\_\_**

List all medications/supplements that you take with dose and timing:

Drug	Dose	Frequency	Reason for Medication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4.) Allergies: List all adverse/allergy reactions you have to medications None: \_\_\_\_**

Medication Name                      Reaction (examples: shortness of breath, hives, rash, upset stomach)

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**5.) Female**

Last Pap: \_\_\_\_\_  
Last Mammo (>40): \_\_\_\_\_  
Last Colonoscopy (>50): \_\_\_\_\_  
Last Menstrual Cycle: \_\_\_\_\_



**Male**

Last Prostate Exam: \_\_\_\_\_  
Last Colonoscopy (>50): \_\_\_\_\_

*LiveAgelessly*

8605 S. Eastern Ave. Suite #C  
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Ph: 702-546-5483  
Fax: 702-252-3000

**LAB WORK WAIVER**

Labs are ordered at your first visit. After which all labs are ordered prior to your appointments. Please make every effort to have them done in time so that your treatment plan can be initiated. Once your results are in, someone from LiveAgelessly will call and schedule your appointment.

**We make no guarantees that the labs ordered by our office will be covered by insurance & LiveAgelessly will not correspond with your insurance company or the laboratory. In order to avoid high laboratory fees we recommend using our preferred laboratory, True Health Diagnostics.** We also encourage all our patients to know their laboratory benefits before any lab work is drawn.

\*Please keep in mind that there is a \$25 fee for all replacement lab slips.

**I understand that LiveAgelessly is not responsible for any laboratory expenses and does not guarantee that lab work will be covered by insurance.**

**Signature:**

**Date:**

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**PATIENT INFORMATION**

Thank you for choosing LiveAgelessly! In order to serve you properly, we need the following information. Please print. All information will be confidential.

Check appropriate box:  Minor  Single  Engaged  Married  Separated  Divorced  Widowed

Gender:  Male  Female  Transgender

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient's employer: \_\_\_\_\_ Work: \_\_\_\_\_ Phone: \_\_\_\_\_

Business address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Occupation: \_\_\_\_\_

Spouse/Partners name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work: \_\_\_\_\_ Phone: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Personal Email** \_\_\_\_\_

**Once available, would you like to receive the *LiveAgelessly* newsletter with health-related articles, information about upcoming seminars and workshops, and patient-only special events?**

Yes

No

Dr. Keller and the staff at *LiveAgelessly* are committed to maintaining the privacy of our clients' Protected Health Information, while providing high quality service. Please acknowledge by signing below that you are aware of our NOTICE OF PRIVACY PRACTICES. A photocopy can be furnished to you upon request.

**I UNDERSTAND THAT *LIVEAGELESSLY* IS NOT CONTRACTED WITH AND THEREFORE DOES NOT BILL INSURANCE COMPANIES AND THAT I AM RESPONSIBLE FOR ALL FEES AND THAT ALL CHARGES ARE DUE AT THE TIME OF SERVICE.**

X \_\_\_\_\_

**SIGNATURE**

**DATE**