

Directions to Clear Lake Location

Houston Weight Loss & Lipo Center
5 Professional Park Dr, Suite B
Webster TX 77598
281-338-8800

Professional Park Dr is off Highway 3 (Old Galveston Rd) just south of W Bay Area Blvd and north of Medical Center Blvd in the Clear Lake Professional Park between Park Plaza I & II shopping centers.

Traveling South from Houston:

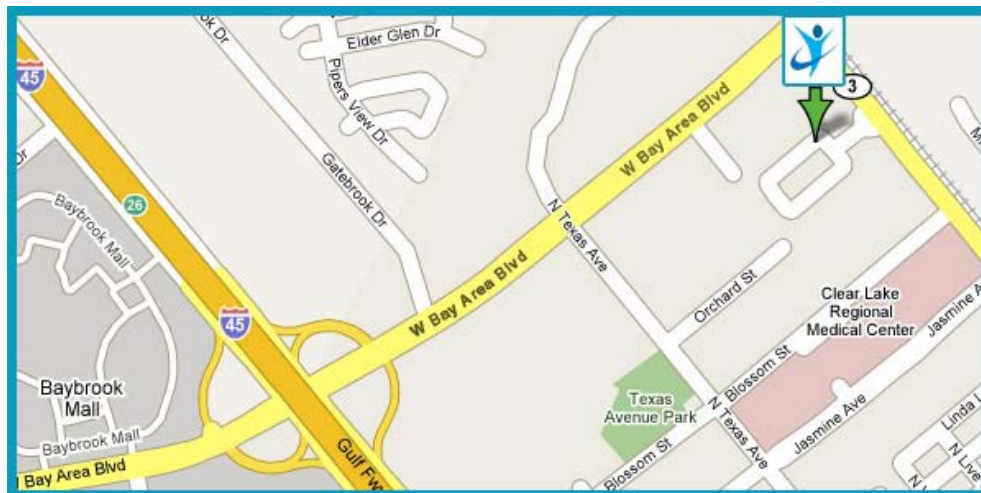
- South on Gulf Freeway (I-45)
- Take W Bay area Blvd Exit 26 on the Gulf Freeway (I-45) Stay on the feeder and go under Bay Area Blvd bear right on the turn around and take a right on Bay Area Blvd. (Bay Brook Mall should be on the other side of the frwy)
- Travel east on Bay Area Blvd to Highway 3
- Take a right on Highway 3 (Old Galveston Rd) Do Not Go Over RR Tracks
- Start looking to your right for the shopping centers; Park Plaza I & II .
- Turn right on Professional Park Drive. This street runs between Park Plaza I & II shopping centers, by Lewis Jewelers
- You will come to a stop sign, turn right
- We are the 2nd building on the left (gray building)
- Parking & front entrance is on the side located next to the field

Traveling North from Galveston:

- North on Gulf Freeway (I-45)
- Take Nasa Rd 1 Exit 25 on the Gulf Freeway (I-45)
- Take a right on Nasa Rd 1
- Travel east on Nasa Rd 1 to Highway 3
- Take a left on Highway 3 (Old Galveston Rd) Do Not Go Over RR Tracks
- Travel down Hwy 3, pass Medical Center Blvd, start looking to your left for the shopping centers; Plaza I & II (Before Bay Area Blvd)
- Turn left on Professional Park Drive. This street runs between Park Plaza I & II shopping centers, by Lewis Jewelers
- You will come to a stop sign, turn right
- We are the 2nd building on the left (gray building)
- Parking & front entrance is on the side located next to the field

weightloss-houston.com

(Also see our website for directions/map-under the contact info)



Houston Weight Loss & Lipo Center Confidential Patient Information

Patient Name:				Date:	
Address:				Apt:	
City, State				Zip:	
Email:				<input type="checkbox"/>	Yes, sign me up for your email specials.
Home Phone	Primary contact <input type="checkbox"/>	Work Phone	Primary contact <input type="checkbox"/>	Cell Phone	Primary contact <input type="checkbox"/>
Date of Birth:		Age:		Sex:	Male Female
SSN:		Marital Status:	S M D	Driver's Lic #:	State
Employer:			Address:		
Whom may we contact in case of EMERGENCY?					
Name:				Phone:	
How did you hear about us?					
<input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Friend / Patient referral _____					
<input type="checkbox"/> TV / Infomercial <input type="checkbox"/> Billboards <input type="checkbox"/> Radio <input type="checkbox"/> Other _____					

Return Policy (Please Initial) _____

- * **Products**
 - Must be returned for exchange within 8 days of purchase with a receipt. - No refund on food products
- * **Services**
 - There are no refunds on any services. - Pre-paid treatments will not be refunded.
 - Pre-paid treatments can only be used by the patient who purchased the package.
 - A patient must use their pre paid treatments in a timely manner not to exceed 8 months. If a patient needs additional time to complete their treatments it must be pre-approved by the HWLLC staff only.

Insurance

Our clinics do not accept payment by insurance. Our receipts are formatted with all information necessary to submit for reimbursements. If you require a Pre Authorization we must receive the forms to complete three business days prior to your appointment.

Signature of Patient or Personal Representative

Date

Consent to Treat

I, the undersigned, hereby voluntarily consent and grant permission to HWLLC, physician and employees to perform tests, treatment and any procedures as indicated at HWLLC for myself or the above named minor, for as long as I am a patient at HWLLC.

Signature of Patient or Personal Representative

Date

Occupational Hazard

In the event of an injury (i.e. needle stick) to an employee, that exposes any of my bodily fluids, at HWLLC premises, I the undersigned, hereby voluntarily consent to give a blood specimen for testing.

Signature of Patient or Personal Representative

Date

Acknowledgement of Review of Notice of Privacy Practices

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Personal Representative

Date

Personal Health History

Confidential

Name:						Today's Date:	
Age:		Date of Birth:		Date of Last Physical Examination:			
SYMPTOMS: Please circle Now, Past, or Never for each symptom.							
GENERAL		GASTROINTESTINAL		EYE, EAR, NOSE, & THROAT		WOMEN ONLY	
Nervousness / Anxiety	Now / Past / Never	Appetite poor	Now / Past / Never	Bleeding gums	Now / Past / Never	Heavy men. bleeding	Now / Past / Never
Headache	Now / Past / Never	Bowel changes	Now / Past / Never	Blurred vision	Now / Past / Never	Irregular men. periods	Now / Past / Never
Depression	Now / Past / Never	Constipation	Now / Past / Never	Crossed eyes	Now / Past / Never	Abnormal Pap smear	Now / Past / Never
Dizziness	Now / Past / Never	Diarrhea	Now / Past / Never	Double vision	Now / Past / Never	Bleed between periods	Now / Past / Never
Fainting	Now / Past / Never	Difficulty swallowing	Now / Past / Never	Earache	Now / Past / Never	Breast lump	Now / Past / Never
Fever	Now / Past / Never	Excessive hunger	Now / Past / Never	Ear discharge	Now / Past / Never	Extreme menstrual pain	Now / Past / Never
Forgetfulness	Now / Past / Never	Excessive thirst	Now / Past / Never	Hay fever	Now / Past / Never	Hot flashes	Now / Past / Never
Loss of sleep	Now / Past / Never	Black stools	Now / Past / Never	Hoarseness	Now / Past / Never	Nipple discharge	Now / Past / Never
Sweats	Now / Past / Never	Hemorrhoids	Now / Past / Never	Loss of hearing	Now / Past / Never	Painful intercourse	Now / Past / Never
Loss of weight	Now / Past / Never	Indigestion	Now / Past / Never	Nosebleeds	Now / Past / Never	Vaginal discharge	Now / Past / Never
Numbness	Now / Past / Never	Nausea	Now / Past / Never	Ringing in ears	Now / Past / Never	Miscarriage	Now / Past / Never
		Rectal bleeding	Now / Past / Never	Sinus problems	Now / Past / Never	Date of last normal menstrual period?	
		Stomach pain	Now / Past / Never			Date of last Pap smear?	
		Vomiting	Now / Past / Never			Date of last Mammogram?	
		Vomiting blood	Now / Past / Never			Are you pregnant?	
						Number of children:	
MUSCLE / JOINT / BONE		CARDIO / PULMONARY		SKIN		MEN ONLY	
Pain, weakness, numbness in:		Chest pain	Now / Past / Never	Bruise easily	Now / Past / Never	Breast lump	Now / Past / Never
Arms	Now / Past / Never	Irregular heart beat	Now / Past / Never	Hives	Now / Past / Never	Erection difficulties	Now / Past / Never
Back	Now / Past / Never	Swelling of ankles	Now / Past / Never	Itching	Now / Past / Never	Lump in testicles	Now / Past / Never
Feet	Now / Past / Never	Shortness of breath	Now / Past / Never	Change in moles	Now / Past / Never	Penis discharge	Now / Past / Never
Hands	Now / Past / Never	Wheezing	Now / Past / Never	Rash	Now / Past / Never	Sore on penis	Now / Past / Never
Hips	Now / Past / Never	Persistent cough	Now / Past / Never	Sore that won't heal	Now / Past / Never	Other	Now / Past / Never
Legs	Now / Past / Never	Coughing blood	Now / Past / Never				
Neck	Now / Past / Never						
Shoulders	Now / Past / Never						
GENITO-URINARY							
Blood in urine	Now / Past / Never	Lack of bladder control	Now / Past / Never	Poor urinary stream	Now / Past / Never		
Frequent urination	Now / Past / Never	Painful urination	Now / Past / Never				
DIAGNOSES: Please circle Now, Past, or Never for each diagnoses.							
AIDS	Now / Past / Never	Chemical dependency	Now / Past / Never	High cholesterol	Now / Past / Never	Psychiatric disorders	Now / Past / Never
Alcoholism	Now / Past / Never	Chicken pox	Now / Past / Never	High Blood Pressure	Now / Past / Never	Rheumatic fever	Now / Past / Never
Anemia	Now / Past / Never	Diabetes mellitus	Now / Past / Never	HIV positive	Now / Past / Never	Scarlet fever	Now / Past / Never
Anorexia	Now / Past / Never	Emphysema	Now / Past / Never	Kidney disease	Now / Past / Never	Stroke	Now / Past / Never
Arthritis	Now / Past / Never	Epilepsy / Seizures	Now / Past / Never	Measles	Now / Past / Never	Suicide attempt	Now / Past / Never
Asthma	Now / Past / Never	Glaucoma	Now / Past / Never	Migraine headaches	Now / Past / Never	Thyroid problems	Now / Past / Never
Bleeding disorders	Now / Past / Never	Goiter	Now / Past / Never	Mononucleosis	Now / Past / Never	Tonsillitis	Now / Past / Never
Breast lump	Now / Past / Never	Gonorrhea	Now / Past / Never	Multiple sclerosis	Now / Past / Never	Tuberculosis	Now / Past / Never
Bronchitis	Now / Past / Never	Gout	Now / Past / Never	Mumps	Now / Past / Never	Typhoid fever	Now / Past / Never
Bulimia	Now / Past / Never	Heart disease	Now / Past / Never	Pacemaker	Now / Past / Never	Ulcers – if yes, type	
Cancer	Now / Past / Never	Hepatitis	Now / Past / Never	Pneumonia	Now / Past / Never	Vaginal infection	Now / Past / Never
If yes, type:		Hernia – if yes, type		Polio	Now / Past / Never	Varicose veins	Now / Past / Never
Cataracts	Now / Past / Never	Herpes – if yes, type		Prostate problem	Now / Past / Never	Venereal disease	Now / Past / Never
MEDICATIONS: List medications you are currently taking				ALLERGIES: Medications or substances & symptoms experienced			
Pharmacy Name:		Pharmacy Phone:					

