

## PATIENT INFORMATION

Date: \_\_\_\_\_

Last Name	First Name	MI	Title	Gender	Age
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Home Phone	Cell Phone	Social Security #	DOB (MM/DD/YYYY)
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Home Address	City	State	ZIP
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E-mail Address \_\_\_\_\_

Occupation	Employer
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Work Address	Work Phone
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Person Responsible for Payment (Guarantor) <i>(If same as above, skip to Insurance Information)</i>	Relationship to Patient
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Employer	Work Address	Work Phone
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Home Phone	Cell Phone	Social Security #	DOB (MM/DD/YYYY)
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Home Address	City	State	ZIP
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### INSURANCE INFORMATION — Please provide the front desk staff with your insurance card.

FILL OUT THIS SECTION IF PATIENT IS A MINOR OR UNABLE TO MAKE MEDICAL DECISIONS:

NAME OF RESPONSIBLE PARTY: \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

DOB: (MM/DD/YYYY): \_\_\_\_\_ SSN: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Referring Physician (if applicable): \_\_\_\_\_ Phone Number: \_\_\_\_\_

If you have family members who are patients of this practice, please list: \_\_\_\_\_

(continued from page 1)

## COMMUNICATION PREFERENCES

In certain circumstances we may need to contact you regarding your dermatology care (e.g. lab or pathology results, prescription medications, upcoming appointments). Primary efforts will be made to contact you at the above listed phone numbers. Please select one of the following:

Yes, you may leave messages for me (if patient under age 18, please fill out on their behalf):

Recorded messages may be left at the following phone numbers (check all that apply):

HOME \_\_\_\_\_  CELL \_\_\_\_\_  WORK \_\_\_\_\_

Verbal messages may be left with the following individuals (please provide name, relationship to patient and phone number):

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I do **NOT** want you to discuss my dermatology care with anyone other than myself. Please do not leave a message.  
(If our office is unable to reach you personally by telephone we will send you a letter.)

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Signature of Patient or Guardian

Date

## EMERGENCY CONTACT INFORMATION

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Name	Relationship to Patient	Phone Number(s)
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Name	Relationship to Patient	Phone Number(s)
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