THE DERMATOLOGY CLINIC

Patient Information

Patient Demographics

First Name | Last Name | Suffix

Address | Apt. # | City | State | Zip

Phone # | Social Security | Gender

Birth Date (MM/DD/YYYY) | Language | Marital Status | **Email Address (for appointment reminders)**

☐ Yes ☐ No

Referred by a Physician? | Referring Physician Name

Race: ☐ African American ☐ American Indian/Alaskan Native ■ Asian ☐ Hispanic ■ White ☐ Other ☐ Native Hawaiian/Other Pacific Islander

Ethnicity: ☐ Hispanic ☐ Not Hispanic ☐ Unknown

Have you been treated by a Dermatologist before? ☐ Yes ☐ No

Emergency Contact Information

Contact Name | Contact Phone | Relationship to Contact

Patient Employment Information

Employment Status | Employer

Address | City | State | Zip

Occupation | Employment Contact | Phone # | Fax

Primary Insured Information

Name of Primary Insured | Relationship to Patient | Date of Birth

Primary Insured Address | Apt. # | City | State | Zip

Medical Insurance Information - Please present your Insurance Card and ID with this form.

Primary Insurance Company Name | Insurance Company Address

Policy # or Member ID # | Group #:

Secondary Insurance Name | Secondary Insurance Address

Policy # or Member ID # | Group #

How did you hear about us? ☐ Internet ☐ Sign ☐ Insurance ☐ Physician ☐ Phone Book ☐ Previous Patient ☐ Other ☐ Family/Friend ☐ ZocDoc