
Patient Information:

Name _____
Last First MI

Nickname _____

Birth Date: _____ Age _____ Male Female

Home Address _____
Apt

City ST Zip code

Phone _____
Home Cell
Work Email _____

Best place to leave you messages, including confidential information (Note: cell phones are not necessarily confidential, but messages will be left with your permission):

Occupation: _____

Employer: _____

Who referred you to our office? _____

Primary care physician _____

Marital Status: Single Married Divorced Widowed**Spouse Information:**

Name _____
Last First MI

Phone _____
Work Cell

Emergency Contact Information:

Name _____
Last First MI

Phone _____
Home Cell

Relationship to you: _____

Insurance information:**Insured Person/ Financial information:**

Insured person is Patient Spouse Parent Other

Name _____
Last First MI

Employer _____

Home Address _____

City ST Zip code

Phone _____
Home Work

Birth Date: _____ Age _____ Male Female

Medical History:

Current Medical Problems: _____

Previous surgeries: _____

Medications: _____

Drug Allergies: _____

Check if you have:

- personal or family history of melanoma.
- history of other skin cancer (basal cell, squamous cell carcinoma)
- history of fainting or near fainting
- cardiac pacemaker, artificial heart valve
- HIV or AIDS
- history of exposure to hepatitis B or C
- Are you pregnant?

Consent for care, treatment, and financial responsibility:

I consent to examination and treatment, including biopsies, local surgery, and other procedures deemed necessary, after discussion of the risks and benefits of these treatments and procedures with my physician. I hereby assign all medical benefits to which I am entitled to Advanced Dermatology of OC, Inc. I understand that I am financially responsible for all charges incurred, including cost that my insurance company does not pay for. I authorize the release of any necessary medical information to my insurance carrier to process my claim.

Signature

Date

Pharmacy information

Pharmacy _____

Address (or cross streets) _____

City _____ Phone no. _____