

Dermatology Intake Form

Name: _____

Date of birth: ____/____/____ Social Security Number: ____ - ____ - ____

Address: _____ City: _____ State: _____ Zip: _____

Home Number: (____) ____ - ____ Work Number: (____) ____ - ____ Cell Number: (____) ____ - ____

Email Address: _____@_____

Preferred Pharmacy Name/Location: _____

Emergency Contact: _____ Relation: _____ Phone No: (____) ____ - ____

Financial Information

Primary Health Insurance: _____ Policy number: _____

Insurance Address: _____

Subscribers Name: _____ Subscriber's DOB: _____ Subscriber's SS No: _____

Secondary Health Insurance: _____ Policy number: _____

Insurance Address: _____

Subscribers Name: _____ Subscriber's DOB: _____ Subscriber's SS No: _____

Additional Information

Place of employment: _____

Primary language you speak: _____ Ethnicity: _____

Names of family members for whom I may disclose information regarding your health: _____

Can I use your answering machines to alert you for upcoming appointments and test results? Yes/No

Current Medical Conditions you are being treated for: _____

Current Medications/Vitamins you are taking (including doses): _____

Medication Allergies: Please list reactions/side effects: _____

Have you ever had any of the following? (Circle One)

Skin cancer/lesion: Yes/No If yes which part of the body? _____ Date: _____

Skin cancer/lesion biopsied/removed: Yes/No If yes which part of the body? _____ Date: _____

Are you currently under the care of another health provider? (Please include Primary Care Doctor, Specialists, Chiropractors, Herbalist, Counselors): _____

Is the reason for your visit due to a fall, injury, accident or work related injury? Yes / No

Would you like a free consultation today to discuss if cosmetic services including Botox and Juvederm are right for you? Yes / No

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse To Sign This Acknowledgement

I, _____, have received a copy of
(Print Name)

this Office's Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices,
but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

