



Professional Dermatology Care, PC

Intake and History Form

PLEASE READ: Do not give us any other medical information! We will ask your medical information at the time of your visit.

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternative Number: _____

Date of Birth: ____/____/____ Gender: _____

Emergency Contact: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Referring Doctor: _____ Phone: _____

Pharmacy: _____ Phone: _____ City or Zip Code: _____

Primary Insurance: _____ Policy/ID #: _____ Grp #: _____

Policy Holder: _____ DOB: ____/____/____ Relationship to patient: _____

Secondary Insurance: _____ Policy/ID #: _____ Grp #: _____

Policy Holder: _____ DOB: ____/____/____ Relationship to patient: _____

PLEASE DON'T FORGET YOUR INSURANCE CARD! If you do forget it then of course, you can be seen but you'll have to pay out of pocket or reschedule. What a shame! It's just a card- try not to forget it.