



New Patient Registration

Patient Name

Last: _____ First: _____ MI: _____ Jr. Sr.

Previous Name: _____

Home Address: _____ Ste/Apt #: _____

City: _____ State: _____ Zip: _____

Mailing address if different from Home address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Wk Phone: _____ Ext: _____

Primary Care Physician: _____ Ph: _____ City: _____

Referring Physician: _____ Ph: _____ City: _____

Date of Birth: _____ Sex: Male Female Social Security #: _____

Employer Name: _____

In case of Emergency, whom should we notify?

Last: _____ First: _____ MI: _____ Relation: _____

Home Phone: _____ Cell: _____ Wk Phone: _____ Ext: _____

May we share your medical condition with any other family member? YES NO

If yes, who? Name: _____ Relation: _____ Phone: _____

Insurance Information: Do you have insurance? YES NO

Does your insurance require a referral or prior authorization for a specialist visit? YES NO

Primary Insurance Carrier: _____

Name of Insured (Guarantor): _____ Guarantor DOB: _____

Secondary Insurance Carrier: _____

Name of Insured (Guarantor): _____ Guarantor DOB: _____

Do you give our office permission to view your prescription history from external sources? YES NO

May we e-mail personal medical information to you? YES NO e-mail address: _____

May we leave medical information on your answering machine at home? YES NO

How did you hear about us? _____

I have been informed of, and given the right to review and secure a copy of Palm Harbor Dermatology *Notice of Privacy Practices*. I understand that Palm Harbor Dermatology has the right to change its *Notice of Privacy Practices* from time to time and that I understand I may contact Palm Harbor Dermatology at any time to obtain a current copy of the *Notice of Privacy Practices*.

Patient Signature: _____ Date: _____

Please present your insurance card(s) and your photo identification to the patient intake specialist. The patient intake specialist will make a copy and return them to you promptly.