MONTGOMERY DERMATOLOGY LLC

PATIENT INFORMATION SHEET- PLEASE PRINT

LAST NAME_____**FIRST NAME**_____**MI**_____

Date of Birth**:** ____/____/____ Age**:** _____ Sex: Male / Female SS#_____

MAILING ADDRESS**:**_____

CITY_____STATE_____ZIP_____

Cell Phone**:( )**_____ Home Phone**: ( )**_____

e-mail**:** _____ Work Phone**: ( )**_____

EMERGENCY CONTACT **Name, Relationship & Phone Number:**

_____

***PRIMARY CARE PHYSICIAN/ ADDRESS/ PHONE NUMBER:**

_____

***PHARMACY NAME/CITY/PHONE NUMBER**:_____

NAME OF PRIMARY INSURANCE COMPANY: _____

Policy Holder's Name**:** _____ Policy Holder's D.O.B**.** _____

Policy Holder's Relationship to the patient (circle one): Self Spouse Parent Other

Policy Holder's SS#:_____ Policy Holder's Address:_____

NAME OF SECONDARY INSURANCE COMPANY: _____

Policy Holder's Name**:** _____ Policy Holder's D.O.B**.** _____

Policy Holder's Relationship to the patient (circle one): Self Spouse Parent Other

Policy Holder's SS #:_____ Policy Holder's Address:_____

CONSENTS & ACKNOWLEDGEMENTS

With my consent, Montgomery Dermatology, LLC may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Our Notice of Privacy Practices is posted and copies are available upon request.

I acknowledge that I have reviewed a copy of Montgomery Dermatology, LLC's Office Policies and Procedures. A copy is available per my request.

I authorize any holder of medical or other information about me to release to the above insurance company(s) any information needed for this or a related insurance claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or the party who accepts assignment

_____

Please list names, relationships, and phone numbers of family members that we may discuss benign or complicated laboratory and/or biopsy results with:

Name/Number_____**Name/Number**_____

If you **DO NOT** give consent for the following, please check any/all of the boxes below that apply:

□ Do not leave normal lab and/or biopsy results with family members or on answering machine

□ Do not discuss any lab and/or biopsy results with anyone but the patient or the patient's parent if the patient is a minor.

Preferred phone line for YOU to receive biopsy/test results? (Circle one) Home / Work / Cell

IS IT OK TO LEAVE A **MESSAGE** WITH BIOPSY/TEST RESULTS**? Circle one Yes / No**

Date:_____ Sign Here:_____