



GERMAIN

— DERMATOLOGY —

NEW PATIENT REGISTRATION FORM

Last Name:		First Name:		M.I.	
SSN:		Date of Birth:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Race:	
Mailing Address:					
City:		State:		Zip:	
Employer:		Occupation:			
Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____					
Work Phone _____ - _____ - _____ Email _____					
By providing my wireless telephone number, I am consenting to receiving communications via calls or text messages including but not limited to information regarding appointments, payments, prescriptions, labs, and pathologies.					
By providing my email address, I consent to receiving statements, bills, and marketing material for dermatology and cosmetic services via email.					
Signature: _____				Date: _____	
How did you hear about us?					
<input type="radio"/> Google		<input type="radio"/> Patient/Physician: _____			
<input type="radio"/> Social Media: _____		<input type="radio"/> Other Advertisement: _____			
Emergency Contact:					
Name: _____ Relationship: _____					
Phone: _____ - _____ - _____					
Insurance Information:					
Primary Insurance Name: _____			Secondary Insurance Name: _____		
Policy Number: _____			Policy Number: _____		
Policy Holder's Name: _____			Policy Holder's Name: _____		
Policy Holder's DOB: _____			Policy Holder's DOB: _____		
I hereby authorize the physician to provide information to insurance carriers concerning my medical care and I hereby irrevocably assign to the doctor all payments for all the medical services rendered. I understand that I am financially responsible for all charges whether or not covered by insurance. A copy of this authorization shall be considered as the original. I also give consent for my photo to be taken and used as part of my plan of treatment and confidential medical record.					
Patient/Legal Guardian Signature: _____				Date: _____	