

**CENTER FOR DERMATOLOGY  
WELCOME TO OUR PRACTICE**

1480 N. UNIVERISTY DR.  
CORAL SPRINGS, FL 33071  
954-753-1030

9970 CENTRAL PARK BLVD., SUITE 102  
BOCA RATON, FL 33428  
561-883-5640

1379 LYONS RD.  
COCONUT CREEK, FL 33063  
954-975-4010

**IN ORDER TO SERVE YOU PROPERLY, WE NEED THE FOLLOWING INFORMATION.  
ALL INFORMATION IS STRICTLY CONFIDENTIAL.**

(PLEASE PRINT CLEARLY)

PATIENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
(Last) (First) (Middle) (Nickname) (Month, Date, Year)

SOCIAL SECURITY # \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ SEX \_\_\_\_\_ M \_\_\_\_\_ F

ADDRESS \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (ZIP Code)

HOME PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_  
AREA CODE AREA CODE AREA CODE

WORK PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_  
AREA CODE

EMPLOYER / SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME OF SPOUSE (OR PARENT) \_\_\_\_\_ EMPLOYER \_\_\_\_\_

SOCIAL SECURITY # OF SPOUSE (OR PARENT) \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
AREA CODE

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
AREA CODE

PRIMARY INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

PRIMARY INSURED'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_ CLAIMS ADDRESS \_\_\_\_\_

LIST ANY ALLERGIES YOU HAVE (DRUGS, FOOD, HAY FEVER, OTHER) \_\_\_\_\_

LIST ANY MEDICATIONS YOU ARE TAKING \_\_\_\_\_

DESCRIBE ANY CONDITIONS WE SHOULD KNOW ABOUT \_\_\_\_\_

DO YOU HAVE HIGH BLOOD PRESSURE? \_\_\_\_\_ DIABETES? \_\_\_\_\_

UPON CHECK-IN, PLEASE BE PREPARED TO PRESENT YOUR INSURANCE CARDS AND DRIVER'S LICENSE OR PHOTO ID TO VERIFY YOUR SIGNATURE AND DATE OF BIRTH.

PLEASE NOTE THERE WILL BE ADDITIONAL FORMS UPON CHECK-IN REGARDING OUR FINANCIAL POLICY, HIPAA, ETC...

Patient or Guardian \_\_\_\_\_ Date \_\_\_\_\_