

Date of Service: _____

Patient Name: _____ DOB: _____

Personal Email: _____
** This may not be a secured E-mail**

Reason for Today's Visit: _____

Preferred Pharmacy: _____
Pharmacy name Address City

Primary Care Physician: _____
First Name Last name Town/City

Medications taken on regular basis: _____

I authorize DermPhysicians to import the medication history from pharmacy: Yes No

Drug Allergies: _____

Have you ever had or have: (Check mark all that applies)

High Blood Pressure Diabetes Kidney Disease Colitis

Cancer – Type: _____ Skin Cancer-Type: _____

Family history of skin cancer-Type _____ Who(1st degree relative only): _____

Current Smoking Status: Current Former Never

If you are female and over the age of 65, are you experiencing symptoms of incontinence? Yes No

Emergency Contact: _____
Name Phone# Relation

Do you authorize the practice to leave a voicemail on phone number listed? Yes No

I hereby authorize and assign my insurance benefits to be paid directly to DermPhysicians of New England. I authorize release of information to facilitate treatment, payment or health care operations. I give DermPhysicians of New England permission to treat me and take photographs. I have read and understand the Notice of Privacy Rights and Practices and DermPhysicians of New England policies. Co-Payments and/ or outstanding balances are due at the time of your appointment. I agree that I will be financially responsible for any treatment I receive, in the event that my insurance company denies payment due to lack of referral or a non-covered service. I will be responsible for a \$30. Fee in the event that my check is returned for insufficient funds or my account is turned over to a collection agency. My signature below signifies my understanding and agreement to comply with this policy. All information has been verified and/or corrected on this form.

Signature of Patient / Responsible party

I authorize the following person to have access to my medical and financial information which can be revoked at any time in writing.

Name & Phone