



132 East 76th Street, Suites 2E and 1A, New York, NY 10021 phone: (212)570-5777 fax: (866)271-1841

PATIENT REGISTRATION

PATIENT INFO

Name _____
Street Address _____
City, State, Zip Code _____
Phone (Home) _____ Phone (Cell) _____
Email _____
Date of Birth _____ Social Security # _____
Marital Status _____
Race ___ African-American/Black ___ Asian ___ Caucasian ___ Hispanic ___ Other
Ethnicity _____ Language _____

EMERGENCY CONTACT

Name & Relationship _____
Phone _____

PHARMACY

Name & Address _____
Phone _____

INSURANCE

Company & Plan Name _____
Primary Insured Party Name & Phone _____
Relationship to Patient _____
ID number _____ Group number _____
Primary Insured Address _____
Primary Insured Date of Birth _____ Primary Insured Social Security # _____

EMPLOYMENT

Occupation _____

Business Name _____

Business Address _____

MEDICAL

Reason for Visit _____

Smoking History _____

Alcohol Use: ___ None ___ Drinks Socially ___ Drinks Frequently

Primary Care Physician Name / Phone _____

Current Medications _____

Allergies _____

Medical History _____

Family History

- No skin cancer in family
- Someone had melanoma
- Someone had skin cancer, I'm not sure what kind
- Someone had a basal cell carcinoma
- Someone had a squamous cell carcinoma
- Unknown history of skin cancer in family

Female Patients

- Are you pregnant or lactating?
- Are you trying to get pregnant now or soon?
- Are your periods regular?
- Are you post-menopausal?
- Are you planning on having children in the future?

Cosmetic Concerns (if any)

- Wrinkles
- Red spots
- Age spots
- Facial volume loss/skin laxity
- Acne laser treatment
- Lip definition/size

Patient/Guardian Signature

Date

How did you hear about us? _____