

**DERMATOLOGY ASSOCIATES Beth Honl, MD
PATIENT REGISTRATION**

Patient Name (First/MI/Last) _____ Preferred Name: _____

DOB: _____ Sex M F SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home () _____ Work () _____ Cell () _____

Marital Status: Single Married Divorced Widowed How did you hear about us? _____

Employer: _____ Occupation: _____

Primary Care Physician and Location: _____

Pharmacy Name and Location: _____

Race: Declined Asian African American Caucasian Hispanic or Latino Native American Other _____

Ethnicity: Declined Non-Hispanic or Non-Latino Hispanic or Latino

Please provide the following to receive appointment reminders: (Note: notification will include business name)

Text to Mobile Phone: **Please choose your Mobile Carrier** Verizon Sprint AT&T Nextel Quest T-Mobile Virgin Mobile

Email: _____

Please check the best phone number to reach you: Home Work Cell

*Appointment reminders will be sent to you unless you notify us that you decline reminders.

Person responsible for bill if other than the above:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home () _____ Work () _____ Cell () _____

DOB: _____ SSN: _____ Employer: _____

Individuals whom you may discuss my medical care with:

You may NOT discuss my care with anyone.

Name _____ Relationship: _____ Phone: () _____

Name _____ Relationship: _____ Phone: () _____

Person to notify in case of emergency:

Name _____ Relationship: _____ Phone: () _____

Insurance Information: Copy of card must be filed in record **Self Pay**

1. Primary Insurance Company _____

Group ID _____ Member ID _____

Policy Holder (if other than the patient) _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone Home () _____ Work () _____ Cell () _____

DOB _____ SSN _____ Employer _____

2. Secondary Insurance Company: _____

Group ID _____ Member ID _____

Policy Holder (if other than the patient) _____ Relationship _____

Address _____ City: _____ State: _____ Zip: _____

Phone Home () _____ Work () _____ Cell () _____

DOB _____ SSN _____ Employer _____