



Patient Name

Date of Birth

Sex Assigned at Birth

Street Address, City, State, ZIP

E-Mail Address

Emergency Contact or Guardian

Full Name

Relationship to Patient

Phone Number

Insurance Information

Insurance Company

Policy Holder Name

Relationship To Patient

Policy / Member ID #

Group / Plan #

Secondary Insurance (if applicable)

Policy Holder Name

Relationship To Patient

Policy / Member ID #

Group / Plan #



Medical History

History of Skin Cancer

Yes No

If yes, check all that apply:

BCC SCC Melanoma Other

Skin Condition History (eczema, psoriasis, rosacea, acne, etc.)

Medical Conditions / History

Medication Allergies (including latex and adhesive tape)

Current Medications (name and dose)

Smoking History

Never Former (quit) Current

For Female Patients (Complete if applicable)

Currently Pregnant

Yes No

Trying to Conceive

Yes No

Currently Breastfeeding

Yes No

Referral

How did you hear about us?

Please bring your Photo ID, Insurance Card, and Medication List to your appointment.

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