

# \_\_\_\_\_the derm studio.\_\_\_\_\_

NEW PATIENT REGISTRATION FORM

\_\_\_\_\_  
Date

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Email

\_\_\_\_\_  
Referred By

\_\_\_\_\_  
Social Security Number

**Sex:** M F

**Marital Status:** M S D W

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

With whom may we share your medical information? \_\_\_\_\_

May we leave a message at your home/cell number? YES NO

What is the best phone number to call you with results? \_\_\_\_\_

Is it ok to leave a voicemail message with **lab results** (your private medical information) on this number? YES NO

Pharmacy Name: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_

\*\*\*\*\*  
Drug Allergies:

\_\_\_\_\_

Medical Illness:

\_\_\_\_\_

Family History of Illness:

\_\_\_\_\_

Medications Currently Taking:

\_\_\_\_\_

**FOR OFFICE USE ONLY**

History:

BCC \_\_\_\_\_

SCC \_\_\_\_\_

AK \_\_\_\_\_

MM \_\_\_\_\_