NorCal Dermatology

Medical | Surgical | Cosmetic

NAME _____ ****D.O.B.** _____
FIRST MIDDLE LAST

MAILING ADDRESS _____
STREET APT# CITY STATE ZIP

TELEPHONE(_____)_____(_____)_____(_____)_____
HOME CELL WORK E-MAIL

SSN# _____-_____-_____ Gender: **[ ] Male [ ] Female** Marital Status: **[ ] S [ ] M [ ] D [ ] W**

RACE: [ ] White [ ] Hispanic [ ] Asian [ ] Black or African American [ ] American Indian or Alaska Native [ ] Native Hawaiian or Other pacific [ ] other: _____ **LANGUAGE:** [ ] English [ ] Spanish [ ] other _____

Emergency Contact : _____(_____)_____ **Relationship**: _____
NAME PHONE#

Primary Care Physician: _____ **Referred by**: _____
NAME ADDRESS

****PHARMACY**: _____(_____)_____
NAME ADDRESS PHONE#

**INSURANCE INFORMATION

*[ ] Self pay (**NO INSURANCE**)

***Primary** Insurance _____

Relation to policyholder_____

If patient is **NOT** the policyholder, please provide

_____
Policyholder's Last name First

*Policyholder's DOB_____

*Policyholder's Address_____
Street Name and number

City, State, Zip_____

Secondary Insurance_____

Relation to policyholder_____

If patient is **NOT** policyholder, please provide

_____
Policyholder's Last Name First

*Policyholder's DOB_____

*Policyholder's Address_____
Street Name and number

City, State, Zip_____

****TELEPHONE INFORMATION and COMMUNICATIONS RELEASE**

May we leave medical information on your home answer machine or cell voicemail? [ ] Yes [ ] No Please specify_____
May we discuss your medical information with family members? [ ] Yes [ ] No Please specify _____
May we communicate with you via email **(given above?)** [ ] Yes [ ] No

SIGNATURE_____ **DATE** _____

TREATMENT OF MINOR: I give permission for my child (***under 18***) _____ to be treated by Khanh Truong, MD or Henry Degroot, MD. If I am not able to accompany my child to a follow-up appointment, I give permission for my child to be treated in my absence.

Parent/Guardian _____ **DATE** _____
(PRINT) ***(SIGNATURE)***

1111 Sonoma Avenue, Suite 202, Santa Rosa, CA 95405 | **Ph** 707.527.9517 | **F** 707.527.9913
1165 South Dora, Suite G2, Ukiah, CA 95482 | **Ph** 707.462.2960 | **F** 707.462.2756
www.norcal-dermatology.com