

TruDerm

Adult & Pediatric Dermatology & Cosmetic Center

| | |
|---|---|
| Patient Information | DATE: _____ |
| Full Name: _____ | Age: _____ Date of Birth: _____ |
| Physical Address: _____ | Last 4 digits of SSN: _____ |
| City, State, Zip Code: _____ | |
| Billing Address: _____ | Marital Status: S M W D |
| City, State, Zip Code: _____ | |
| Home: (_____) _____ | Cell: (_____) _____ Work: (_____) _____ |
| Gender: Male Female Other _____ | |
| Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown _____ | |
| Race: White American Indian Asian Black or African American Native American Hawaiian Other Race _____ | |
| Preferred Language: English Spanish Other: _____ | |
| Email Address: _____ | |
| Employer: _____ | Occupation: _____ |

| |
|---|
| Emergency Contact Information: _____ |
| Full Name: _____ Relationship: _____ |
| Address: _____ |
| City, State, Zip Code: _____ |
| Home: (_____) _____ Cell: (_____) _____ |

| |
|--|
| Parent or Responsible Party Information: _____ |
| Full Name: _____ Date of Birth: _____ |
| Address: _____ |
| City, State, Zip Code: _____ |
| Home: (_____) _____ Cell: (_____) _____ |

| |
|---|
| How did you hear about us: |
| <input type="checkbox"/> Advertisement <input type="checkbox"/> TV/Cable News <input type="checkbox"/> Doctor <input type="checkbox"/> Email / Newsletter <input type="checkbox"/> ZocDoc |
| <input type="checkbox"/> Website/Search Engine <input type="checkbox"/> Family / Friend <input type="checkbox"/> Other _____ |

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What is the reason for your visit today?

Have you been treated for this problem before? If so, with what?

What if anything would you change about your skin?

Would you like to find out more about?

- Skincare Treatments
- Products
- Fillers or Injectable
- Laser hair removal
- Laser treatment for brown spots or veins
- Other: _____

If you would like to have our monthly cosmetic specials emailed directly to you, please authorize your approval by clearly printing your full name and email address below.

Print full name: _____

Email address: _____

Date: _____