

SKIN • 101

Patient Registration Information

Name: _____
First: _____ Last Name: _____ M.I. _____

Nickname _____ Date of Birth: ____/____/____ Age: _____ Sex: M F
(MM/DD/YYYY)

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

Home Phone: (____) _____ Cell Phone: (____) _____

Occupation/ Place of Employment: _____ Email Address: _____

Name of Spouse (or Parent if Minor): _____ Phone: (____) _____

Pharmacy Name & Phone Number: _____

How did you hear about us/Referred by? _____

Medical History (Circle all that apply):

Acne	Eczema / Psoriasis	Hormone Replacement	Skin Cancer
Auto Immune Disorder	Hearing Aid/Contact Lenses	Keloid Scarring	Diabetes
Bleeding Disorders	Heart Arrhythmia	Permanent Makeup	Rosacea
Cold Sores/Herpes	Hepatitis B or C	High Blood Pressure	Seizures

Other Conditions: _____

Allergies: _____

Are you sensitive/allergic to any oral/topical medications? **Specifically, Papaya, Almond, Pumpkin, Latex, Sulfa, Benzoyl Peroxide, Lidocaine, Tetracaine?**

Major Illnesses: _____

Surgical History: _____

Current Medications: _____

Please answer yes/no to the following questions:

- | | | |
|---|-----|----|
| 1. Are you currently being treated for any medical condition?
If so, please explain: _____ | Yes | No |
| a. Are you currently pregnant or nursing? | Yes | No |
| 2. Do you have any skin diseases or infections? | Yes | No |
| 3. Have you used Accutane in the past 6 months? | Yes | No |
| 4. Are you currently using Retinoids? | Yes | No |
| 5. Are you currently on Blood Thinners? | Yes | No |
| 6. Are you currently using Steroids? | Yes | No |

I confirm that the answers I have provided are true and I have not withheld any information that may be relevant to my treatment.

Patient/Guardian Signature _____ **Date** _____

SKIN 101 Late Fee, Appointment Change and Cancellation Fee Policy: Please arrive on time for your scheduled appointment as failure to do so may result in the need to reschedule your appointment for a later date. SKIN 101 requires **24-hour notice** for ALL cancellations or appointment changes or a fee of \$25 may be added to your account.

Payment Policy: Payment is expected at time of visit for any deductible, co-payments, unpaid insurance balance and any cosmetic procedures or skin care products. We appreciate your cooperation in settling your account at each office visit. If your insurance plan is responsible for payment, please present your current insurance card to our reception desk.

I acknowledge that I have been informed of the Fee and Payment Policy of SKIN 101: _____
Initials

Physician-Patient Arbitration Agreement (PPAA): I acknowledge that I have seen and read the PPAA: *Copy available upon request.*

Initials

I acknowledge that I understand and agree to have any issue of medical malpractice decided by natural arbitration and understand my patient rights under the Physician-Patient Arbitration Agreement: _____
Initials

Signed by (print): _____ Date: ____/____/____

Authorization to Contact Patient and Record of Disclosures (HIPAA):

The **HIPAA** privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (**check all that apply**):

- Okay to give detailed information via Voicemail, Email or Text
- Leave a message with office call back number only via Voicemail, Email or Text

Other: _____

I authorize the release of protected health information to the individual(s) listed below:

Name: _____ Phone: (____) _____ Relationship: _____

Name: _____ Phone: (____) _____ Relationship: _____

I understand that I may revoke this authorization at any time by submitting a written request:

Patient/Guardian Signature **Printed Name of Patient/Guardian** **Date** ____/____/____

I acknowledge that I have seen the Notice of Privacy Practices: _____ *Copy available upon request.*
Initials