

MEDICAL SKIN CARE

COSMETIC PROCEDURES

SKIN CANCER TREATMENTS

Patient Information and Insurance Verification Form

Today's Date: _____

First Name: _____ Middle Initial _____ Last Name _____

Sex: Male/Female Date of Birth: ____/____/____ Age: ____ SS#: _____ (for insurance billing)

Address: _____ City: _____ State: _____ Zip Code: _____

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

email address: _____ What number would you like us to reach you? _____

Employer: _____ Occupation? _____

Employer's Address: _____

Name of primary care physician: _____ Phone number: (____) _____

Name of referring physician: _____ Phone number: (____) _____

How did you hear about us? _____

Insurance Information

Primary Insurance: _____ Policy #: _____ Group#: _____

Policy Holder: _____ Relationship to the patient _____

If Applicable:

Secondary Insurance: _____ Policy #: _____ Group#: _____

Policy Holder: _____ Relationship to the patient _____

The Person authorized access to your medical records:

Name: _____ Relationship to the patient _____ Phone number: (____) _____

Emergency Contact Person:

Name: _____ Relationship to the patient _____ Phone number: (____) _____

What is your preferred method of contact (please circle your selection (s)):

Phone: Cell/Home/Work May we leave a voicemail: Yes/No

Email

I authorize payment of medical benefits to Mid-Atlantic Skin for services rendered. I understand that a claim will be filed in my behalf; however, I am financially responsible for charges not covered by my insurance benefits.

Patient or Patient's Responsible party: _____ Date: _____

St. Patrick's Centre 173 St. Patrick's Drive Suite 201 | Waldorf, MD 20603 | 301-396-3401
Shanti Medical Center 26840 Point Lookout Road | Leonardtown, MD 20650 | 301-475-8091
Wildewood 23415 Three Notch Road Suite 2052 | California, MD 20619 | 240-237-8268

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Skin Health and Wellness Survey

Ask about our COMPLIMENTARY Skin Wellness Consultation Today!

Medical skin care concerns would you like to discuss?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Lichen planus | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Actinic Keratosis (sun-damage skin) | <input type="checkbox"/> Melasma | <input type="checkbox"/> Sarcoidosis |
| <input type="checkbox"/> Atopic Dermatitis (eczema) | <input type="checkbox"/> Moles (Nevi) | <input type="checkbox"/> Skin cancer |
| <input type="checkbox"/> Folliculitis | <input type="checkbox"/> Rashes | <input type="checkbox"/> Urticaria |
| <input type="checkbox"/> Fungal infections of the skin | <input type="checkbox"/> Nail Disorders | <input type="checkbox"/> Vitiligo |
| <input type="checkbox"/> Hair loss | <input type="checkbox"/> Onychomycosis (fungal infections of nails) | <input type="checkbox"/> Warts |
| <input type="checkbox"/> Hyperhidrosis (excessive sweating) | <input type="checkbox"/> Psoriasis | Other:
_____ |

Do you have any concerns about?

- | | | |
|--|---|---|
| <input type="checkbox"/> Frown lines between the brows | <input type="checkbox"/> Unwanted hair | <input type="checkbox"/> Fat resistant to weight loss |
| <input type="checkbox"/> Fine lines and wrinkles | <input type="checkbox"/> Age spots | <input type="checkbox"/> Double chin |
| <input type="checkbox"/> Tattoos and removal | <input type="checkbox"/> Skin discoloration | <input type="checkbox"/> Cellulite on body |
| <input type="checkbox"/> Dark under-eyes circles | <input type="checkbox"/> Thin eye lasher | <input type="checkbox"/> Dark or popped out veins |
| <input type="checkbox"/> Sagging skin | | |

Would you like to receive information on?

- | | | |
|--|---|---|
| <input type="checkbox"/> Botox & Dermal fillers | <input type="checkbox"/> Complexion and skin care | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Anti-aging Laser Treatments | <input type="checkbox"/> Chemical Peels and Facials | |
| <input type="checkbox"/> Neck tightening | | |
| <input type="checkbox"/> Under chin fullness | <input type="checkbox"/> Non-invasive fat treatment (Sculpture) | |
| | <input type="checkbox"/> Smart Lipo | |
| | <input type="checkbox"/> Cellulite treatment (Cellulaze) | |

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