

## BRENTWOOD SKIN CLINIC PATIENT REGISTRATION

Today's Date: \_\_\_\_\_

Patient Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Please Circle: Male Female Other Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Contact Method (Please circle One):    Email    Phone Call    Text    Patient Portal    Mail

Marital Status (Please circle one):    Married    Single    Widowed    Other

How did you hear about us? (Please circle): Family/Friend Internet Other: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Pharmacy (name, city and phone number): \_\_\_\_\_

\_\_\_\_\_ **(Initial)** I have received, reviewed and AGREE to the FINANCIAL POLICY.

\_\_\_\_\_ **(Initial)** I have received, reviewed and agree to the HIPAA Notice of Privacy Practices document.

\_\_\_\_\_ **(Initial)** The staff of Brentwood Skin Clinic may leave a detailed message on voice mail

\_\_\_\_\_ **(Initial)** The staff of Brentwood Skin Clinic may speak **ONLY** to the patient

\_\_\_\_\_ **(Initial)** The staff of Brentwood Skin Clinic may speak with the following person(s):

Name(s): \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

### RESPONSIBLE PARTY (if different than patient)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_

Relationship to patient: \_\_\_\_\_