

**GOLDMAN DERMATOLOGY, PLLC**

**PATIENT INFORMATION FORM**

Patient Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender ( ) M ( ) F  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Marital Status ( ) S ( ) M ( ) D ( ) W  
Employer: \_\_\_\_\_ Phone #'s: (H): ( ) \_\_\_\_\_  
Name of Parent or Guardian (if minor): (W): ( ) \_\_\_\_\_  
\_\_\_\_\_(C): ( ) \_\_\_\_\_  
Referring Physician: \_\_\_\_\_ Email: \_\_\_\_\_  
Or Friend: \_\_\_\_\_ Permission to contact by E-mail: ( ) YES ( ) NO

Referring Physician Phone #: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Pharmacy Name: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_ Pharmacy Phone #: \_\_\_\_\_  
Emergency Contact #: \_\_\_\_\_ Pharmacy Address: \_\_\_\_\_  
\_\_\_\_\_

**PRIMARY INSURANCE**

Insurance Name: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_  
Member ID #: \_\_\_\_\_ Phone# & Address: \_\_\_\_\_  
Group #: \_\_\_\_\_  
Insurance Phone #: \_\_\_\_\_

If Insurance is other than patients: **SECONDARY INSURANCE**  
Insured Name: \_\_\_\_\_ Insurance Name: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_ Member ID# \_\_\_\_\_  
Insured's Date of Birth: \_\_\_\_\_ Group # \_\_\_\_\_  
Insured's SS#: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

Can we leave messages about lab or biopsy results on your phone? \_\_\_ Yes \_\_\_ No  
If you would like the doctor to see you alone, Please let the medical assistant in the room know.

I hereby authorize GOLDMAN DERMATOLOGY, PLLC to furnish information concerning my illness and treatment to my insurance carriers.  
I authorize payment of medical benefits to GOLDMAN DERMATOLOGY, PLLC.  
I understand that I am responsible for any part of the charges that are not covered by my medical coverage.  
I HAVE RECEIVED A COPY OF THE PATIENT PRIVACY NOTICE.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Patient or Parent/ Guardian if patient is a minor)

\*Please note you can pay your balances and request refills online at [www.goldmandermatology.com](http://www.goldmandermatology.com)