Nathan Uebelhoer, DO Margaret Dupree-Hobson, MD Eugene Huang, MD, PHD Naomi Travers, NP
Antoanella Calame, MD

POWAY **DERMATOLOGY**
Medical. Aesthetic. Surgical.

Date: _____/_____/_____
M D Y

Name: _____ Age: _____ DOB: ___/___/___
Last First Middle M D Y

Address: _____
Number/Street City State Zip

Phone: _____ Email: _____

May we leave a message on your phone regarding lab and biopsy results? Yes I No

Soc. Sec.#: _____-_____-_____ Sex: M I F Ethnicity (please circle): Non-Hispanic I Hispanic

Race: ○ Caucasian ○ African or African American ○ Asian or Asian American ○ Middle Eastern
○ Native American ○ Native Hawaiian ○ Pacific Islander ○ Other Race

Marital Status: S I M I W Occupation: _____ Insurance: _____

Preferred Pharmacy/Pharmacy Location: _____

Emergency Contact: Name: _____ Relationship to patient: _____

Address (if different): _____ Phone (if different): _____

What is the reason for your visit today? _____

What are you currently using on your skin (liquids, creams, oils, sunscreens)? _____

_____

Please list all current medications and dosages (Prescriptions, Over the Counter Medications, Herbs, Vitamins, Supplements): _____

_____

Thank you for taking the time to complete this form. It will allow us to serve you better.

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Please list all known allergies (please include type of reaction): _____

_____

Do you have a personal (P) or family (F) history of: (circle all that apply)

P I F - Asthma P I F - Diabetes P I F - High Blood Pressure P I F - Psoriasis
P I F - Basal Cell Cancer P I F - Eczema P I F - Melanoma P I F - Squamous Cell Cancer
P I F - Bleeding Disorder P I F - Heart Disease P I F - Multiple Sclerosis
P I F - Other: _____

Are there any other medical or surgical conditions that affect your day to day health?_____

_____

Do you smoke? Yes I No Quantity: _____ Have you previously smoked? Yes I No

Referring Doctor's Name: _____

(Optional) How did you hear about us?

- ○ Family Member / Friend: _____
- ○ Doctor Referral: _____
- ○ Facebook
- ○ Google
- ○ News Station
- ○ Powaydermatology.com
- ○ Patient Fusion
- ○ Special Event
- ○ Yelp
- ○ Insurance Carrier Website (Provider Directory): _____
- ○ Other: _____

(Optional) Do you have any cosmetic concerns such as?

- ○ Acne scars
- ○ Brown spots
- ○ Crow's feet
- ○ Eyelash thinning
- ○ Eyebrow drooping
- ○ Forehead lines
- ○ Frown lines
- ○ Jawline changes
- ○ Jowls / marionette lines
- ○ Lip appearance
- ○ Skin resurfacing / scar treatment
- ○ Skin tags
- ○ Smile / laugh lines
- ○ Smoker's / lip lines
- ○ Sunken eyes
- ○ Sunspots
- ○ Under eye circles
- ○ Uneven skin color texture
- ○ Varicose veins
- ○ Wrinkles

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Patient Service Agreement

IMPORTANT: PLEASE INFORM US IN THE FUTURE IF YOUR INFORMATION CHANGES

Patient Name _____

BILLING INFORMATION:
In order to control our costs of billing, we request that charges be paid at the time services are rendered unless we will be billing your insurance. To encourage this, a discount of 10% will be given for cash or check and 5% for credit card payment at the time of service. Charges for cosmetic procedures do not receive a discount and must be paid at the time of the visit.
Insurance Information: if you desire that we bill your insurance, please present your insurance card(s) at the front desk. In addition, please provide the following information to expedite processing your claim:

Insured (the person listed on the policy): _____

Patient's Relationship to the Insured: _____

Insured's Date of Birth: _____/_____/_____
M D Y

Please read and sign below:

I authorize the release of the information in my medical records as necessary for my treatment, payment, and healthcare options. I authorize payment of medical insurance benefits to POWAY DERMATOLOGY, a division of Compass Dermatopathology, Inc. and understand that regardless of my insurance coverage, I am financially responsible for all medical services received. I have received a copy of POWAY DERMATOLOGY'S Notice of Privacy Policy Practices.

_____

Signature of Patient or Guardian **Date**

Thank you for taking the time to complete this form. It will allow us to serve you better.