



Diplomats of the American Board of Dermatology
General, Surgical and Cosmetic Dermatology

Shavano Commons Business Park

Helotes Country Village

Westover Hills

PATIENT REGISTRATION

Today's Date: ___/___/___

Provider: Dr. Miller Dr. Tisdall Dr. McCarroll Dr. Cragun Dr. Brown Dr. Bowen
Mui Lee, PA-C Lenza, PA-C PA Galvan, PA-C

Patient Information

Patient Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SSN: ___ - ___ - ___ DOB: ___/___/___ Email: _____@_____.

Marital Status: [] Single [] Married [] Other

Gender: [] Male [] Female [] Transgender

Emergency Contact: _____ Phone: _____ Relationship to Patient: _____

Employer: _____ Work Phone: _____

Race: [] White [] Asian [] African American [] Other: _____

Ethnicity: [] Not Hispanic [] Hispanic [] Other: _____ Language: [] English [] Spanish [] Other: _____

[] Decline to Answer

Referring Physician: _____ Phone: _____ Clinic Name: _____

Pharmacy Name: _____ Phone: _____ Address: _____

Responsible Party Information (if different from patient)

Who is the insured party? [] Self [] Spouse [] Mother [] Father [] Other _____

Primary Insured: _____ DOB: ___/___/___ SSN: ___ - ___ - ___

Insurance Co: _____ ID#: _____ Group #: _____

Secondary Insured: _____ DOB: ___/___/___ SSN: ___ - ___ - ___

Insurance Co: _____ ID#: _____ Group #: _____

Patient Signature: _____ Date: _____

(Parent/Legal Guardian's signature if patient is under 18 years)