



PATIENT INFORMATION

Today's Date	First Name	MI	Last Name
Home Address	City	State	Zip Code
Email Address	Date of Birth	Marital Status	Male / Female
Home Phone Number : _____		Cell Phone Number: _____	
Referring Provider's Name		Referring Provider's Phone #	
*When signing below you acknowledge that we can release medical records or information to your referring physician if applicable.			

Primary Insurance INSURANCE INFORMATION Secondary Insurance

Primary Insurance Name:	Secondary Insurance Name:
Insured's Name: _____	Insured's Name: _____
Insured's DOB: _____	Insured's DOB: _____
Policy #: _____	Policy #: _____
Group #: _____	Group #: _____
Relationship to Insured: _____	Relationship to Insured: _____

OTHER INFORMATION

Emergency Contact Name: _____	Emergency Contact Number: _____
Full-time Student: <u>YES / NO</u>	Patient a Minor? <u>YES / NO</u>
How did you hear about us? <u>Physician/Friend/Family/Google</u>	Permission to treat minor without parent in office? <u>YES / NO</u> (This is only valid for children 16 years and older)
Parent or Legal Guardian Name: _____	Contact Phone #: _____
Patient or Parent/Guardian Signature: _____	Date: _____
*If patient is a minor the parent/legal guardian must sign above	
Electronic Signature Consent: I understand by checking this box that my electronic signature above is valid and legal as if manually handwritten	

THANK YOU FOR CHOOSING COMPLETE DERMATOLOGY

Thank you for choosing Complete Dermatology. We provide medical and cosmetic dermatology services to patients of all ages. We strive to return all calls on the same business day. You can email us at info@complete-derm.com with general questions. Please visit our website at www.complete-derm.com to schedule appointments and learn more about our practice!

We are glad you are here....

Sugar Land Location
 15200 Southwest Freeway, Suite 150
 Sugar Land, TX 77478
 (281)240-4313

Conroe Location
 508 Medical Center Blvd, Suite 380
 Conroe, TX 77304
 (281)573-8333