

DERMATOLOGY MEDICAL GROUP OF OXNARD and CAMARILLO

PATIENT NAME: _____ DATE: _____
Last First Middle
 SS#: _____ LIC #: _____ BIRTHDATE: _____ SEX: _____
 HOME ADDRESS: _____ PHONE: _____
Number Street City Zip Code
 REFERRED BY: _____ MARITAL STATUS: _____
 PATIENT OCCUPATION: _____ EMPLOYED BY: _____
 WORK ADDRESS: _____ PHONE: _____
 SPOUSE: _____ SPOUSE PHONE: _____
 EMERGENCY CONTACT: _____
Contact Name, Address, and Phone

INSURANCE INFORMATION

NAME OF CARRIER: _____ Policy Number _____

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As a patient, or as legal guardian of minor patient, I agree to pay for all services rendered. This office may bill my insurance carrier as needed.
 ASSIGNMENT & RELEASE: I hereby assign my insurance benefits to be paid directly to DERMATOLOGY MEDICAL GROUP OF OXNARD/CAMARILLO. I am financially responsible for non-covered services. I authorize the physician to release any information necessary to process this request.

Signed _____

IF SOMEONE OTHER THAN PATIENT IS RESPONSIBLE FOR PAYMENT, COMPLETE BELOW.

NAME: _____ SS#: _____ PHONE: _____
Last First Middle

HOME ADDRESS: _____

EMPLOYER: _____ WORK PHONE: _____

CHIEF COMPLAINT:

MEDICAL INFORMATION (Mark with 'x' if pertinent and explain if needed)

Personal History

- High blood pressure
- Heart disease
- Heart pacemaker
- Diabetes
- Stomach ulcers/reflux disease
- Skin cancer
- Internal cancer
- Bleeding problems
- Kidney disease
- Arthritis
- Asthma/hayfever
- Hepatitis A B C
- Tuberculosis
- HIV
- Seizures
- Psoriasis
- Eczema

List medications/herbs:

Current Problems with:

- Weight loss
- Fever/chills
- Dizziness
- Eyes
- Ears, nose, throat, or mouth
- Heart
- Lungs
- Stomach/bowel
- Kidneys
- Arthritis
- Depression/anxiety
- Seizures

Females only:

- Currently pregnant
- Planning to become pregnant
- Currently breastfeeding

List major surgeries:

Social History

- Current smoker
- Past smoker
- Alcohol consumer
- IV drug use
- Pets at home

Family History

- Heart disease
- Diabetes
- Internal cancer
- Skin cancer
- Bleeding problems
- Asthma/hayfever
- Psoriasis
- Eczema

List drug allergies: