Precision Skin Care, LLC
1402 S. Main Street
Ottawa, KS 66067
Phone: (785) 749-3600
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PRECISION SKIN CARE

Patient Demographics Form

Name: _____ Preferred Name: _____
First Middle Last

Date of Birth_____ Social Security Number_____ Age_____ Sex_____
MONTH/DAY/YEAR

Home Mailing Address_____
STREET CITY STATE ZIP

Home Phone_____Cell Phone_____Work Phone _____
May we leave a voicemail? Yes / No If yes, which phone? Home/ Cell / Work

Email Address_____
Place of Employment_____Occupation_____
Guarantor Name_____Guarantor Phone_____
Emergency Contact Person and Phone Number_____

Primary Insurance_____Group Number_____
PLEASE HAVE COPY OF YOUR INSURANCE CARD AVAILABLE FOR PHOTOCOPYING

Your Relationship to Policy Holder Self_____Spouse*_____Child*_____
*Policy Holder's Name_____Employers Name_____
*Policy Holder's SSN_____Policy Holder's DOB_____

Secondary Insurance_____Group Number_____
*Policy Holder's Name_____Employers Name_____
*Policy Holder's SSN_____Policy Holder's DOB_____

Pharmacy Name_____Location_____Phone_____
Primary Care Provider_____Phone_____
Referring Provider (if applicable)_____Phone_____
List All Drug Allergies _____

Do You Have Any Known Risk Factors for HIV? YES / NO If yes, please explain_____

Name and Relationship to Person We May Release Your Personal Medical Information To

_____

_____

I authorize the release of any medical or other information necessary to process insurance claims. I grant consent to use and disclose protected health information for the purposes of treatment, payment, and healthcare operations. I authorize payment of medical benefits for services rendered. I acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to meas the result of examination or treatment by Caedran Audley, APRN, FNP-C or her designee.

_____ _____
Signature of Patient Date

_____ _____
Signature of Guarantor Date