Dr. Robert M. Rosen Dermatology
New Patient Registration Form

Name (Last, First, Middle) as printed on insurance ID card	Nickname	Date of Birth	Age	Sex
				☐ ☐

Mailing Address, City, State and Zip Code	Physical Address, City, State and Zip Code

Patient's e-mail Address	Phone #(s) (please list in the order you prefer to be contacted)	Social Security No.
_____ @ _____	1 ( ) 2 ( )	- -

Patient's Employer	Employer Address, City, State and Zip Code	Employer Phone Number
		( ) Ext _____

Employment Status	Student Status	Marital Status	Race
☐ Full-Time ☐ Part-Time ☐ N/A ☐ Retired	☐ Full-Time ☐ Part-Time ☐ N/A	☐ Single ☐ Divorced ☐ Married ☐ Separated ☐ Widowed	☐ Black ☐ Caucasian ☐ Hispanic ☐ Other _____

Patient's Primary Care Physician	Who Referred the patient to our office?	Patient's Local Pharmacy

Spouse's Name	Spouse's Employer and Work Phone #	Spouse's Contact Phone #(s)
		1 ( ) 2 ( )

Name of Emergency Contact other than Spouse	Emergency Contact's Address	Emergency Contract's Phone #(s)
		1 ( ) 2 ( )

Name of Nearest Relative Not Living With You	Relative's Address	Relative's Phone #(s)
		1 ( ) 2 ( )

If Patient is under 18, Responsible Party's Name	Responsible Party's Address, City, State and Zip Code	Social Security No.

Responsible Party's e-mail address	Responsible Party's Phone Number(s)	Responsible Party's Employer & Phone #
_____ @ _____	1 ( ) 2 ( )	( )

Insurance / Payment for Services

Please bring your insurance identification card(s), as well as a photo identification card with you to your appointment so we may photocopy them and keep them on file. All copayments and coinsurance payments are due at the time of your office visit. If you do not have insurance, payment in full is expected at the time of your office visit.

Contacting Our Patients

In order to provide the best possible patient care, our office may contact our patients to remind them of appointments, to discuss their account balances, and/or to discuss other healthcare needs. We will try to contact the patient at the numbers provided above. However, if we are unable to reach you:

May we leave a message with whomever answers your phone and/or on your voice mail or answering machine? ☐ YES ☐ NO
May we contact you at work for any reason? ☐ YES ☐ NO
May we contact you via the email address(s) listed above? ☐ YES ☐ NO