

Blue Ridge Dermatology Associates, P.A.

3225 Blue Ridge Rd., Ste 101 Raleigh, NC 27612 • 1505 S. W. Cary Pkwy., Ste 307 Cary, NC 27511 • 919-781-1050

PLEASE PRINT

Today's Date: _____ **Name you like to be called:** _____

Mr.	Mrs.	Ms.	Dr.				
First	Middle	Last	Suffix				
Street			Marital Status:		Sex:		
			M	S	D	W	
			M	F			
City		State	Zip	Date of Birth:		Age:	
				Social Security #			
Home Phone #			Work Phone #			Ext.	
Cell Phone #			Email Address:				
If College Student, Permanent Mailing Address:							
Name of Primary Care Physician:					Phone:		
Name of Previous Dermatologist:					Phone:		
Referral Source: (Please Circle One)							
Friend/Relative (Name)		Yellow Pages	Insurance Plan	Internet	Other		
Name & Location of Pharmacy:					Phone:		
Primary Insurance Plan Name:			Name of Employer Issuing Insurance:				
Policy Holders Name:			Patient Relationship to Policy Holder:				
Policy Holders Social Security:			Policy Holders Date of Birth:				
Secondary Insurance Plan Name:			Name of Employer Issuing Insurance:				
Policy Holders Name:			Patient Relationship to Policy Holder:				
Policy Holders Social Security:			Policy Holders Date of Birth:				

You herein authorize payment of medical benefits by your insurance carrier to the physician when an assigned claim is filed.
 This authorization shall be valid until rescinded in writing or replaced by one at a later date.
 (TO FILE INSURANCE, YOUR SIGNATURE IS REQUIRED BELOW)

Signature of patient (or legal guardian if a minor)	Date

May we:	Discuss your medical condition with any member of the family or designated representative? NO YES	
	If yes, whom: _____	Relationship: _____
	Phone number if different from yours: _____	
Signature:	Date:	

IF PATIENT IS A MINOR, PLEASE COMPLETE THE SECTION BELOW

Data provided below must be data of the parent/legal guardian authorizing and presenting the minor for treatment

First	Middle	Last	Suffix
Street		Date of Birth:	
City		State	Zip
		Social Security #	

PLEASE READ & SIGN THE FINANCIAL AGREEMENT ON THE BACK OF THIS FORM