University Skin Institute
Medical, Surgical, and Cosmetic Dermatology

650 University Avenue, Suite 200
Sacramento CA, 95825
Phone: (916) 571-5200
Fax: (916) 571-5099

PATIENT REGISTRATION. Today's date: ____________

Welcome to University Skin Institute. We are committed to providing the best, most comprehensive care possible. Please assist us by providing the following information. All information is confidential and is released only with your consent. Please fill in the blanks below the line.

Patient Name	Date of Birth	Age	Sex
Parent if Patient is a Minor			
Social Security Number	California Driver's License No.		
Home Address			
Preferred Telephone Number	Work Telephone Number		
Email:			
Occupation:	Employer's Name:	Address:	
Pharmacy Name:	**Phone**	Address	
Race / Ethnicity:			
Primary Care/Referring Physician's Name			
Whom May We Thank for Referring You to Our Practice? (Please circle one) Magazine Yelp Website Other Physicians Other			
NOTIFY IN CASE OF EMERGENCY			
Name	Relationship		
Address	City	State	Zip
Home Telephone	Work Telephone		
FINANCIAL INFORMATION: PERSON RESPONSIBLE FOR FEES			
Name	Telephone		
Address	City	State	Zip
Insurance Company	Claim Address		
Subscriber's Name	Subscriber's Date of Birth	Subscriber's SSN#.	
Insurance ID No.:			
Secondary Insurance	Claim Address		
Subscriber's Name	Subscriber's Date of Birth	Subscriber's SSN#	