

SINGER DERMATOLOGY

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PATIENT INFORMATION SHEET

Last Name _____ First Name _____ M.I. _____

___ Male ___ Female ___ Other Birth date _____

Address _____ City _____

State _____ Zip Code _____ Marital Status: ___S ___M ___W ___D ___O

E-mail: _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

Which is your preferred contact: ___ Cell ___ Home ___ Work

May we contact you by phone regarding test results and other important medical information

___ Yes ___ No If yes, Which is your preferred contact: ___ Cell ___ Home ___ Work

Emergency Contact (*different number then above, name and relation*)

In case of emergency of medical importance, may we contact this person on your behalf?

___ Yes ___ No

SS# _____

Employer _____ Occupation _____

Employer Address:

Primary Doctor (Internist or Family Doctor) Please Include Name, Address, and Phone #

How did you hear about Singer Dermatology? _____

The Following Three Questions Are Requested By The Government To Ask

Place a checkmark by your race:

___ Caucasian ___ African-American ___ American Indian ___ Asian ___ Other

Place a checkmark by your ethnicity: ___ Latino ___ Non-Latino Other _____

Place a checkmark by your preferred language: ___ English ___ Spanish ___ Sign ___ Other