

SINGER DERMATOLOGY

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PATIENT INFORMATION SHEET

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Preferred Gender: _____

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 your preferred contact above regarding test results and other important medical information ___Yes ___No

Emergency Contact (*different number than above, name and relationship, and if ok to contact*)

SS# _____

Employer: _____ Occupation: _____

Employer Address:

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

How did you hear about Singer Dermatology? _____

Who can we thank for the referral? _____

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