

SINGER DERMATOLOGY

29355 Northwestern Highway, Suite 302 Southfield, MI. 48034

248-228-2990 phone 248-281-1764 fax

Robert Singer, M.D. Daneen Locke, PA-C. Dana Vered, N.P. Marianne Harbut, PA-C

Bryan Sofen, M.D. Amber Roberts, PA-C. Amanda Young, PA-C.

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 ___ choose not to answer

Place a checkmark by your ethnicity: ___Latino ___Non-Latino ___Other. ___ choose not to answer

Place a checkmark by your preferred language: ___English ___Spanish ___Sign ___Other