Phone (816)942-1150

Patient Information Sheet Dermatology Specialists of Kansas City, P.C.

Fax (816)942-0322

Patient Name:	FIRST MIDDLE	Today's Date:
		Date of Birth:
Sex: Male Fema		
Home address: Street:		
		Zip:
Home Phone:	Cell Phone:	Work Phone:
Spouse/Partner Name:		Phone
Referring Physician:		Phone
Employer:	Occupation:	
Employer Address:	Employer Phone:	
Emergency Contact:	Relationship:	
Emergency Contact Phone:	Alternative Phone:	
FOR YOUR PRIVACY F	LEASE NOTE THAT WE MAY CONTAC	T THIS PERSON IF WE CAN NOT CONTACT YOU
Responsible Party (if other tha	an patient/ minor):	
Phone:	Address (if different):	
health insurance carriers coordinate expenses paying no more than 100 premium rates.	e benefits. This means both companie of the billed charges. This avoids of	covered by more than one health insurance policy. Most es share the responsibility of covering the patient's medical duplication of payments, which would result in higher
·		
		SS#:
-	_	#:
		SS#:
DO YOU HAVE HEALTH I		YOU HAVE NOT REPORTED TODAY?
	-	
Signature:		Date:
(Patient or Parent/Le	gal guardian)	
■ MINOR CONSENT **		IUST ACCOMPANY A MINOR TO THE gy Specialists of Kansas City permission to treat
Signatura		Data
Signature: (Patient <i>or</i> Parent/Le	gal guardian)	Date: