



**Gill Plastic Surgery & Dermatology**

**PATIENT INFORMATION**

**UPDATE**

**NAME CHANGE**

**ADDRESS CHANGE**

Date: \_\_\_\_\_

**Patient Name:**

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_\_\_       MALE       FEMALE

**Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Parent, Spouse or Responsible Party** *(If different from patient)*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Privacy Information:** Please let us know how you would like to be contacted. If you do not give specific permission to speak to your family members, we will assume that you do not want any information relayed to anyone in your household. Please circle your preferred method(s) of contact.

**PRIMARY PHONE**

**SECONDARY PHONE**

**E-MAIL**

Please specify the names of people who you authorize this office to discuss your medical care and test results with:

\_\_\_\_\_

May we leave benign pathology reports or normal laboratory results on your home answering machine? YES NO

May we leave benign pathology reports or normal laboratory results on your cell phone voice mail? YES NO

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PATIENT SIGNATURE OR PERSON WITH AUTHORITY TO CONSENT FOR PATIENT:**

**X** \_\_\_\_\_ Date: \_\_\_\_\_

Your initials and signature acknowledges your understanding of the Privacy and Patient Consent sections on this form. Your signature also authorizes Gill Plastic Surgery & Dermatology to release medical information necessary to process your insurance claims (if any). You herein authorize payment of medical benefits to the doctor when an assigned claim is filed. "I authorize that any benefits due be paid directly to my physician. I also understand payment is expected at the time of service (all copays and balances due must be paid when the service is given)."