

**DERMHOUSE**

29355 Northwestern Highway, Suite 302 Southfield, MI. 48034

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

Robert Singer, M.D.

Daneen Locke, PA-C. Lisa Pilley, PA-C. Jenny Pateryn, PA-C.

**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