



Texas Surgical Dermatology PA
Experience the Excellence in Dermatology

Today's Date: _____

Provider seeing you today: ___ Dr Nguyen ___ Dr Hughes

How did you hear about us? (please check all that applies)

Another patient My doctor Insurance Referred Website/Internet

Other: _____

Patient Name: Last _____ First _____ Birth date: _____

How do you prefer to be addressed? _____

Gender: Male Female Social Security Number: _____ - _____ - _____

Address (Street, City, State, Zip Code): _____

Email (We only contact you about your care): _____

Home phone: _____ Cell Phone: _____

What is your preferred method of contact? ___ Email ___ Home Phone ___ Cell/Text

May we leave medical information at the above method of contact? YES _____ NO _____

Preferred Pharmacy: _____ Phone: _____

Address: _____

Emergency Contact -Full Name: _____ Phone: _____

May we discuss your medical information with this person? ___ YES ___ NO

Relationship to you: _____

Referring Doctor: _____ Phone: _____

Address: _____

Primary Care Doctor: _____ Phone: _____

Address: _____

Signature: _____

Date: _____