



**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:** \_\_\_\_\_