SUNNYCOAST DERMATOLOGY VERO BEACH

TED RUDOLPH, M.D.
SUNNYCOAST DERMATOLOGY, INC.
3900 20th Street
VERO BEACH, FL 32960

UPDATE

PATIENT REGISTRATION: Please present insurance cards and photo I.D. to the receptionist so copies can be made.

Name _____ **Date**_____
First Middle Last

Date of Birth ____ ____ ____ **Home Phone** ____ _____ **Cell Phone** ____ _____

Permanent Address _____
Street Apt. # City State Zip Code

Are you a Snowbird?

Do you smoke?

How much? _____

Please circle your **Marital Status**:

Spouse/Parent Name _____ **Phone** ____ _____ **Date of Birth** ____ ____ ____

Emergency Contact (other than spouse) _____ **Phone** ____ _____

Family Physician _____ **Phone** ____ _____

List all **MEDICATIONS** you currently take (including prescriptions, over-the-counter, vitamins & herbals):

_____ _____ _____

_____ _____ _____

_____ _____ _____

Allergic to any Medications? List _____

Do you have Prescription Coverage?

Does your Prescription Plan require a 90-day supply?

Name of Pharmacy you use _____ Phone ____ _____

List any new MEDICAL CONDITIONS in the past TWO years:

_____

_____

CANCER: Have you had any type of Cancer?

If Yes, what type? _____

Medical History Completed By:

_____
Signed by Patient or Parent/Legal Guardian Date

_____
Reviewed by Date