BOULDER VALLEY CENTER *for* DERMATOLOGY

Welcome to Our Office

Patient Name:_____**M**_____**F**_____

(First) (Initial) (Last)

Address:_____City_____State_____Zip_____

Home Phone_____ Cell Phone_____ Work Phone_____ Employer_____
Date of Birth_____ Social Security #_____Email_____
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Domestic Partner☐ Widowed
Spouse (if app)_____ Employer_____ Work Phone_____
Parent/Guardian (if minor) _____

(First) (Initial) (Last)

Patient Relationship to Policy Holder ☐ Self ☐ Spouse ☐ Son ☐ Daughter ☐ Domestic Partner

Policy Holder/Guarantor. (Person who owns the insurance policy) ☐ same as Patient

Name:_____M_____F_____

(First) (Initial) (Last)

Address:_____City_____State_____Zip_____

Home Phone_____ Cell Phone_____ Work Phone_____
Date of Birth_____ Social Security #_____Employer_____

HOW DID YOU HEAR ABOUT US:
☐ Doctor ☐ Patient in Practice ☐ Hospital ☐ Insurance Co. ☐ Word of Mouth ☐ Website ☐ Other_____
REFERRING PHYSICIAN NAME_____ Referral Number (if app)_____
Phone_____

Insurance (Please complete thoroughly. We will need a copy of your insurance card(s))

Primary Insurance_____
Address_____
City, State, Zip_____
Phone (____)_____
Primary Insured Person_____
ID/Policy #_____
Group #_____
Employer_____
Specialist Co-Payment $_____
Auto Injury_____
Work Comp_____
Other Injury_____

Secondary Insurance_____
Address_____
City, State, Zip_____
Phone (____)_____
Primary Insured Person_____
ID/Policy #_____
Group #_____
Employer_____
Specialist Co-Payment $_____
Auto Injury_____
Work Comp_____
Other Injury_____

EMERGENCY CONTACT: Name_____Relationship_____
Home Phone_____ Cell Phone_____ Work Phone_____

I hereby acknowledge that I have received a copy of Boulder Valley Center for Dermatology, PLLC Notice of Privacy Practices. I authorize the release of any medical information and payment of medical benefits to the undersigned physician or supplier for services necessary to process a claim. I agree to be responsible for any deductible, co-insurance, co-pay, or any other balance not paid by my insurance. I further acknowledge that the information supplied on this form is accurate, and that it is my responsibility to notify Boulder Valley Center for Dermatology, PLCC if any of the information changes.

Patient Name;_____Date_____

Signature:_____ Relationship to patient: ☐ Self ☐ Parent ☐ Guardian

BOULDER VALLEY CENTER *for* DERMATOLOGY

Dear Patients:
We are participating in a government program that encourages the adoption of electronic health records. This technology will led to reduced health care costs, but it will also improve the quality of your care and our ability to communicate with you, our patients. As part of this program, the government requires us to record the following demographic information about you, including:

X Preferred language X Race X Ethnicity X Date of birth X Gender

The U.S. Centers for Disease Control and Prevention (CDC) provides the options for the race and ethnicity fields that match the data collection standards defined by the U.S. Office of Management and Budget (OMB) and the U.S. Bureau of the Census (BC). We maintain secure records and assre you that this information will remain confidential. You can help us by reviewing the list of options below and providing your race and ethnicity information during registration of check-in. If you do not wish to provide this information, you may simply decline. Thank you for your assistance!

Name_____ DOB_____ Gender M_____F_____
Preferred language_____

Race:

- ☐ African
- ☐ African American
- ☐ Alaska Native
- ☐ American Indian
- ☐ Arab
- ☐ Asian
- ☐ Asian Indian
- ☐ Bahamian
- ☐ Bangladeshi
- ☐ Barbadian
- ☐ Bhutanese
- ☐ Black
- ☐ Black or African American
- ☐ Burmese
- ☐ Cambodian
- ☐ Chinese
- ☐ Dominica Islander
- ☐ Dominican
- ☐ European
- ☐ Filipino
- ☐ Haitian
- ☐ Hmong
- ☐ Indonesian
- ☐ Iwo Jiman
- ☐ Jamaican
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Madagascar
- ☐ Malaysian
- ☐ Melanesian
- ☐ Micronesian
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Island
- ☐ Nepalese
- ☐ Okinawan
- ☐ Other Pacific Islander
- ☐ Other Race
- ☐ Pakistani
- ☐ Polynesian
- ☐ Singaporean
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Tobagoan
- ☐ Trinidadian
- ☐ Vietnamese
- ☐ West Indian
- ☐ White

Ethnicity:

- ☐ Central American
- ☐ Cuban
- ☐ Dominican
- ☐ Hispanic or Latino/Spanish
- ☐ Latin American/Latin, Latino
- ☐ Mexican
- ☐ Not Hispanic or Latino
- ☐ Puerto Rican
- ☐ South American
- ☐ Spaniard