Print Form

New Patient Registration

Tiffani K. Hamilton, MD

Atlanta Dermatology, Vein & Research
11800 Atlantis Place
Alpharetta, Georgia 30022
770-360-8881
fax 770-255-2533

PATIENT

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Soc. Sec # _____ Prior Name _____

Marital Status ◯ Single ◯ Married ◯ Divorced ◯ Widowed Sex ◯ Male ◯ Female

Employer _____ Occupation _____

Employer Address _____ Employer Phone Number _____

Select prefered method for confidential communication: ◯ Cell ◯ Home ◯ Work ◯ Email

Preferred Language _____

Ethnicity and Race: ◯ American Indian or Alaska Native ◯ Asian ◯ Black or African American ◯ Other Race
◯ Native Hawaiian or Other Pacific Islander ◯ White Non-Hispanic ◯ Hispanic or Latino

RESPONSIBLE PERSON *(IF DIFFERENT FROM PATIENT)*

Name _____ Phone Number _____ Relationship _____

Address _____

Phone Number _____ Soc. Sec # _____ Date of Birth _____

Employer _____ Employer Phone Number _____

INSURANCE INFORMATION

Name of Insured _____ Date of Birth _____ Relationship _____

Insurance Company _____ Group Number _____

Claims Address _____ ID Number _____

EMERGENCY CONTACT

Name _____ Phone Number _____ Relationship _____

Date of Birth _____

Address _____

How were you referred to our office?: ◯ Family Member ◯ Physician ◯ Friend ◯ Internet ◯ Other