

Manhattan Dermatology
David W Harden, M.D. - Erin Thornton, PA-C - Casey Jankord, PA-C
Telephone: (785) 539-4645 - - Fax: (785) 539-1655

Patient Information

Today's Date: _____ **Circle:** Male Female Child Single Married Divorced Widowed

Patient's Name: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Cell phone #: _____ Preferred #? _____

I give Manhattan Dermatology, PA (or any business that represents them) permission to call my cell phone (please initial) _____

Birth Date: _____ Age: _____ Social Security #: _____

Patient's or Parent's Employer: _____ Employer phone #: _____

Parent/Spouse's name: _____ Parent/Spouse's work #: _____

Has any other family member been treated by Dr. Alexander/Dr. Harden/Erin Thornton, PA/Casey Jankord, PA? Yes/No

If yes, list names and relationship: _____

Briefly describe your skin problem and how long have you had this problem: _____

Insurance: Type: _____ Subscriber's name: _____

Subscriber's Date of Birth: _____ ID/Policy #: _____ Relationship to patient: _____

Secondary Insurance: Type: _____ Subscriber's name: _____

Subscriber's Date of Birth: _____ ID/Policy #: _____ Relationship to patient: _____

Billing Information:

***This office cannot be responsible for collecting from multiple parents, therefore,
the parent bringing a child and signing the consent forms will be deemed responsible for payment.**

Name of Responsible Party: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Phone #: (H) _____ (W) _____

Authorization: Pay my medical benefits to Dr. Harden/ Erin Thornton, PA. Medical information may be released for insurance purposes and to the referring physician.

(Signature)

(Today's date)

I authorize Dr. Harden/ Erin Thornton, PA/Casey Jankord, PA to treat my child in my absence (**does not apply to first visit**):

Referred by: _____

When an appointment cannot be kept, advance notice is appreciated as we frequently have a patient waiting list!