



A Division of Albemarle Dermatology Associates

**Welcome! We look forward to serving you.**

**Client Information**

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

**If a minor, parent or guardian's name:** \_\_\_\_\_

**Gender:** ( ) Male ( ) Female      **Birth date:** \_\_\_\_\_

**Your mailing address:** \_\_\_\_\_

**Would you like to receive a limited number of our mailings sent to your home?** ( ) Yes ( ) No

**Home phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Would you like to receive limited emails of special offers or information from us?** ( ) Yes ( ) No

**Email address:** \_\_\_\_\_

**Which phone or method is preferred for reaching you?** \_\_\_\_\_

*We will attempt to contact you with a reminder of your appointment three days prior.*

**Emergency contact name:** \_\_\_\_\_ **phone number:** \_\_\_\_\_

**Primary medical doctor:** \_\_\_\_\_

**Your occupation:** \_\_\_\_\_

**How did you find out about us? Please let us know all the ways:**

- Referred by friend or family \_\_\_\_\_; Referred by a doctor \_\_\_\_\_;
- Printed advertisement (Daily Progress, Albemarle Magazine, Cville Weekly, The Hook, Bella, The Guide to Cosmetic Dermatology, Charlottesville Woman, or other ad \_\_\_\_\_;
- Local school ad or charity event; TV commercial; Radio; Phone book \_\_\_\_\_;
- Internet search; Our website; a Seminar or event \_\_\_\_\_; Other \_\_\_\_\_.

**We accept Visa, Mastercard, personal checks, our gift certificates or cash.  
I understand that I am financially responsible for all charges. Some treatments require a deposit.**

**Signature or Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_