



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: () Female () Male **Birth date:** _____

Street address: _____ **City/ State/ Zip:** _____

Home phone: _____ **Cell:** _____ **Work phone:** _____

Which phone is preferred for reaching you? () Home () Cell () Work

We will attempt to contact you with a reminder of your appointment three days prior. We will leave a message about the appointment date and time on this phone, unless you tell us otherwise.

Email address: _____

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

Emergency contact name & contact's daytime phone #: _____

Primary medical doctor: _____

Your occupation: _____

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

Referred by friend / family (name?) _____ Referred by doctor (name?) _____

Internet search ___ Our website ___ Facebook ___ Seminar or event _____

TV commercial (station?) _____ Radio (station?) _____ Charity or school event _____

Twitter ___ Phonebook (which?) _____ Someone gave me a Gift Card ___ Saw the building & came in ___

Other _____

Print advertising (please circle): Daily Progress, Daily Progress' Charlottesville Woman, The Cville Weekly,

C Magazine, The Hook, Albemarle Family Magazine, other print ad _____

We accept American Express, Visa, Mastercard, Care Credit, Brilliant Distinctions coupons, checks, our gift cards, Spa Dollars that have not expired, and cash.

I understand that I am financially responsible for all charges. Some treatments require a deposit.

Signature: _____ **Date:** _____