Boca Raton Skin Institute *Jordan B. Schwartzberg, M.D.*

Date: _____

Patient Information

Name:_____

Last First M.I

Date of Birth: _____ **Age:** _____ **Sex:** ☐Male ☐Female

Mailing address:_____

Address City State Zip

Home Phone: ( ) _____ **Work Phone:** ( ) _____

Cell Phone: ( ) _____ **E-mail:** _____

Parent or Guardian (if patient is a minor)

Name:_____

Last First M.I

Date of Birth: _____ **Sex:** ☐Male ☐Female **Relationship:** ☐Mother ☐Father ☐Other

Insurance Subscriber (if other than the patient)

Name: _____ **Date of Birth:** _____ Sex: ☐Male ☐Female

Last First M.I

Race/Ethnicity/Language

Race: ☐White ☐African American ☐Asian ☐Native Hawaiian or other Pacific Islander
☐American Indian or Alaska Native ☐More than one ☐ Do not know or decline to answer

Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino ☐Decline to Answer

Language: ☐English ☐Spanish ☐Creole ☐Portuguese ☐French ☐Italian

☐Other ☐Decline to Answer

Please present your insurance card(s) and a photo ID to the receptionist along with this completed form. Thank you.

Glades Medical Center • 9325 Glades Rd., Suite 207 • Boca Raton, FL 33434• (561) 487-7575• (561) 487-7576 fax