

In order to serve you properly we require the following information. All information provided will be strictly confidential. (PLEASE PRINT)

REFERRAL SOURCE: PHYSICIAN _____ YELLOW PAGES INTERNET
 FRIEND _____ NEWSPAPER OTHER _____

1 - PATIENT INFORMATION: Adult or Child Female Male

Name _____ Birth Date ____/____/____
Last First MI (Nickname) M D Y

SSN# - - Driver's License # _____ Marital Status S M D W **PHONE NUMBERS**

Mailing _____ Home _____
Address Street/PO Box Apt/Sp City State Zip

Physical _____ Work _____
Address (If different from mailing address) Street Apt/Sp City State Zip

Employer _____ Occupation _____ Cell _____

Employer _____ EMAIL: _____
Address Street/PO Box Suite City State Zip

2 - SPOUSE or PARENT ACCOMPANYING A CHILD: **PHONE NUMBERS**

Name _____ Address _____ Home _____
Last First MI

SSN# - - Driver's License # _____ Birth Date ____/____/____
M D Y Work _____

Employer _____ Occupation _____ Cell _____

3 - CONTACT INFORMATION: (With whom may we discuss your medical record or account?)

Medical: Name _____ Relation _____ Phone Number _____

Financial: Name _____ Relation _____ Phone Number _____

Emergency: Name _____ Relation _____ Phone Number _____

4 - PRIMARY INSURANCE: Benefits Phone _____

Ins. Co. _____ Address _____
Name Street/PO Box Suite City State Zip

Insured's _____ Relationship _____ Insured's ____/____/____
Name Last First MI to Patient Birth Date M D Y

Insured's SS# _____ Ins. ID # _____ Group/Plan/Local # _____

5 - SECONDARY INSURANCE: Benefits Phone _____

Ins. Co. _____ Address _____
Name Street/PO Box Suite City State Zip

Insured's _____ Relationship _____ Insured's ____/____/____
Name Last First MI to Patient Birth Date M D Y

Insured's SS# _____ Ins. ID # _____ Group/Plan/Local # _____

I AUTHORIZE MY INSURANCE COMPANY TO ISSUE THE MEDICAL BENEFITS OF MY PLAN DIRECTLY TO DRs. ELLERBE AND KALLMAN, INC. FOR SERVICES RENDERED TO ME. I UNDERSTAND AND AGREE, THAT IF INSURANCE DOES NOT COVER SERVICES, OR IF THE PHYSICIAN DOES NOT ACCEPT ASSIGNMENT, I AM ULTIMATELY RESPONSIBLE FOR ALL CHARGES. I ALSO AUTHORIZE THE RELEASE TO MY INSURANCE COMPANY OF INFORMATION REGARDING MY TREATMENT OR THE DIAGNOSIS OF MY CONDITION THAT WILL AID IN PAYMENT.

PATIENT/RESPONSIBLE PARTY SIGNATURE _____ PRINT NAME _____

RELATIONSHIP TO PATIENT: Self Mother Father Stepparent Other _____ DATE _____

The Alaska Center for Otolaryngology and Facial Plastic Surgery
Dwight M. Ellerbe, M.D. James E. Kallman, M.D. Stephan B. Schaffer, M.D.

Skin Typing Matrix

Name: _____

Date: _____

Please answer the following questions by circling the number that best describes you in each category. Your skin care provider will total your score during the consultation.

My ethnic origin is closest to:	Very fair (Celtic and Scandinavian)	1
	Fair-skinned Caucasian with light hair and light eyes	2
	Pale-skinned Caucasian with dark hair and dark eyes	3
	Olive-skinned (Mediterranean, some Asian, some Hispanic)	4
	Dark-skinned (Middle Eastern, Hispanic, Asians, African)	5
	Very dark-skinned (African)	6
My eye color is:	Light blue	0
	Blue / Green	1
	Green / Gray / Golden	2
	Hazel / Lt. Brown	3
	Brown	4
My natural hair color is at age 18 was:	Red	0
	Blonde	1
	Light Brown	2
	Dark Brown	3
	Black	4
The color of my skin that is not normally exposed to sun is:	Pink to reddish	0
	Very pale	1
	Pale with a beige tan	2
	Light brown	3
	Medium to dark brown	4
	Dark brown – black	5
If I go out into the sun for an hour or so without sunscreen and have not been in the sun for weeks, my skin will:	Burn, blister and peel	0
	Burn, then when burn resolves, little or no color change	1
	Burn, then turns to tan in a few days	2
	Get pink, but then turns to tan quickly	3
	Just tan	4
	Just gets darker	5
	My skin color is so dark I can't tell	6
When was the last time the area to be treated was exposed to natural sunlight, tanning booths or tanning cream?	Longer than one month	0
	Within the past month	1
	Within the past two weeks	2
	Within the past week	3

Total Score: _____

If score is:	0 – 3	Skin type is:	I
	4 – 7		II
	8 – 11		III
	12 – 15		IV
	16 – 19		V
	20 – 24		VI