

SCOTT R. MILLER, M.D.
Plastic, Cosmetic and Reconstructive Surgery

Scripps Medical Office Building
9834 Genesee Ave #210
La Jolla, CA 92037

(858) 453-3133
(858) 453-0433 Fax

Confidential information required for our case history file.
Please answer each question.

Patient's Personal Information

Today's date: _____

Name: _____ Male: _____ Female: _____
Preferred to be called: _____ Social Security # _____
Mailing Address: _____ City: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____ Marital Status: **S M D W**
Date of Birth: ___/___/___ Age: _____ Email Address: _____

Patient's/Responsible Party Information

Responsible Party/Agency: _____ Social Security # _____
Responsible Party's Home Phone: () _____ Work Phone () _____
Address: _____ City: _____ Zip: _____
Patient Employer's Name: _____ Phone # () _____
Address: _____ City: _____ Zip: _____
Spouse's Name: _____
Date of Birth: ___/___/___ Social Security #: _____
Spouse's Employer's Name: _____ Phone # () _____
Address: _____ City: _____ Zip: _____

Patient's Insurance Information

Name of Insured: _____

Insurance company's name: _____ Relation to insured: _____
Billing address: _____ City: _____ Zip: _____
Insurance ID number: _____ Insurance group number: _____

Emergency Contact (relative or neighbor)

Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Home Phone: () _____ Work Phone () _____

Patient's Referral Information

Referred by: _____
Purpose of visit: _____

Are you presently or have you recently been under the care of any other physicians? Who is your family Doctor or internist? Please list.

Name: _____ Phone number () _____
Address: _____ City: _____ Zip: _____