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

Scripps Medical Office Building
9834 Genesee Ave. Ste 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: ( )_____ Marital Status **S M D W**
Date of Birth: ____/____/____ Age: _____ Email address: _____
**Is this email address secure and able to receive correspondence regarding your medical care? ___ Yes ___ No*
Patient's/Responsible Party Information
Responsible Party/Agency:_____Social Security #_____
Responsible Party's Home Phone: ( )_____ Work ( )_____
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 #_____

Emergency Contact (relative or neighbor)
Name:_____ Relationship:_____
Address:_____ City:_____ Zip:_____
Home Phone: ( )_____ Work: ( ) _____

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:_____