

New Patient Form Walk-Through

It is recommended that you complete this form using a device other than a mobile phone. There are numerous fields to complete, many required, and a phone can make completion more challenging. If you have another option, you may want to consider using another device for completion of these forms.

Before you begin, have all **necessary information*** nearby. Left unattended, this form will time out to protect your personal information, and in that event, you will need to restart the process or bring the required information to your appointment to complete the intake process.

*You will need primary care information, medications, and past medical history among other demographic and medical information.

Adobe Acrobat Sign
Please fill: Dermatology WebForm

Options ▾

Next required field

OAS Communications Preferences

To maintain your privacy, please indicate your preferred method for office staff to use to communicate confidential, Medical, or financial information to you and/or others involved in your care.

Start →

Patient Name: _____ DOB: _____ Sex: _____
Address: _____ City: _____ State: _____ Zip: _____

Communication preference: Portal Mail

Clinic: Onslow Ear, Nose & Throat Onslow Pulmonology Associates Onslow Surgical Clinic
 Central Coast Dermatology Internal Medicine & Primary Care

Check box to share information type listed:

Email:	Contact:	Leave msg.	Portal	Appts.	Clinical:	Financial:
<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	Sel...	Sel...	Sel...	Sel...	Sel...

Circle @gmail.com @yahoo.com @ec.rr.com OTHER: _____

Check Box to share information type listed:

Type:	Number:	Contact:	Leave msg.	Appts.	Clinical:	Financial:
Cell		<input type="radio"/> Y <input type="radio"/> N	Sel...	Sel...	Sel...	Sel...
Home		<input type="radio"/> Y <input type="radio"/> N	Sel...	Sel...	Sel...	Sel...
Work		<input type="radio"/> Y <input type="radio"/> N	Sel...	Sel...	Sel...	Sel...

Appointment Reminders (please check ONE of the two options):
 SMS Text
 Voice Calls

By clicking continue, I acknowledge that I have read and agree to the Adobe Terms of Use. See our Privacy Policy for details on our privacy practices.

Continue

START HERE – STEP ONE

This will guide you through all fields that are required. As you complete them, the number will reduce. You may also click to be taken to any fields that are required, but incomplete.

Adobe Acrobat Sign
Please fill: Dermatology WebForm

Options ▾

SOCIAL HISTORY

Alcohol Usage	Tobacco Usage	Other
Do you use alcohol? Never ▾ Amount: _____ Quit Date: _____	Do you use Tobacco? Never ▾ Type: _____ How much: _____ Quit Date: _____ Exposure to passive smoke? No ▾	Do you use Recreational Drugs? No ▾ Type: _____ Do you have risk factors for HIV? No ▾ Explain: _____ What is your Occupation: PPS
Marital Status: Married ▾	Exercise Regularly? Yes ▾	
Housing: Single Family Home ▾	Do you live with a smoker? No ▾	
Do you have problems with water leaks, wet spots, or mold in your home? No ▾		
Do you have pets in your home? Yes ▾ [Type: _____ Amount: _____]		
Do you consume caffeine? Yes ▾	How many drinks per day? _____	
When was your last PPD? ??	Any known exposer to TB? No ▾	
Last Bone Density Screening: Unknown	Last Mammogram: Unknown	

Do not submit if you do not trust the requesting party or if you suspect phishing or fraudulent activity.

By form filling, I agree to this document, the Consumer Disclosure and to utilize electronic signatures.

Submit

Once all fields are complete, your form is ready to be submitted. There will be no required field count at the top right of the page and a **Submit** option will appear at the bottom.

Enter Your Information ✕

Please enter your name and email and then click to submit this document.

Name

Email

To confirm your identity, once you click **Submit**, a pop-up window will appear requesting your name and email address. Please complete and click **Submit** (will become available once information is entered). The message below will populate, and you should receive an email from Adobe Sign asking for you to confirm your form submission.

Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your input on "Dermatology WebForm" until you've confirmed.



QAS Communications Preferences

To maintain your privacy, please indicate your preferred method for office staff to use to communicate confidential, medical, or financial information to you and/or others involved in your care.

Please Name: (Changing for readability) City: State: Zip:

Address: City: State: Zip:

Communication preference: Portal Mail

Consent: Consent via Home & Text Consent via Pharmacy Assistance Consent via Surgical Clinic
 Consent via Call Center Consent via Mail

Check box to share information type label

Email	Consent	Leave msg.	Portal	Apple	Close	Financial
jdj@stl	<input type="checkbox"/>	<input type="checkbox"/>	Select	Select	Select	Select

Check box to share information type label

Name	Consent	Leave msg.	Portal	Apple	Close	Financial
John	<input type="checkbox"/>	<input type="checkbox"/>	Select	Select	Select	Select
Jane	<input type="checkbox"/>	<input type="checkbox"/>	Select	Select	Select	Select

Thank you for submitting Dermatology WebForm. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.

[Confirm my email address](#)

After you confirm your submission and other form participants have fulfilled their roles, all parties will receive a completed copy of Dermatology WebForm as a PDF.

Once you have clicked **Confirm my email address**, your form will be sent to the appropriate clinic and you will receive an email copy.