

**Dermatology Specialists of North Florida, P.A.**

John P. Kartsonis, M.D.

7711 Baymeadows Road East, Suite 6  
Jacksonville, FL 32256  
Phone (904) 731-1770  
Fax (904) 996-8300

Jean H. McClintock, M.D.

**Patient Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Marital Status:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Employer Name:** \_\_\_\_\_  
**Employer Phone:** \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_  
**Subscriber ID:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_  
**Subscriber Name:** \_\_\_\_\_  
**Relation to Patient:** \_\_\_\_\_  
**Subscriber Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Subscriber SSN:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_  
**Subscriber ID:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_  
**Subscriber Name:** \_\_\_\_\_  
**Relation to Patient:** \_\_\_\_\_  
**Subscriber Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Subscriber SSN:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Family Physician:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Number:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Pharmacy Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_  
\_\_\_\_\_

**Recent Surgeries (past 10yrs):** \_\_\_\_\_  
\_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_  
\_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_