PATIENT INFORMATION

PLEASE PRINT CLEARLY
DO NOT LEAVE BLANKS

DATE _____

LAST NAME _____ FIRST NAME _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ CELL PHONE CARRIER _____
EMAIL: _____
BIRTHDATE _____ AGE _____
SEX ☐ M ☐ F MARITAL STATUS ☐ M ☐ S ☐ W ☐ D SOC. SEC. # _____
BUSINESS NAME _____
BUSINESS ADDRESS _____ CITY _____
OCCUPATION _____
REASON FOR VISIT _____
REFERRED BY _____ REFERRED DERMATOLOGIST: _____

MEDICAL HISTORY

PLEASE LIST ALL ALLERGIES
(INCLUDING LATEX, ADHESIVE OR TAPE) _____
DATE OF LAST CHECKUP _____
NAME OF YOUR DOCTOR _____
ADDRESS _____
PLEASE LIST ILLNESSES OR INJURIES (begin with most recent) _____

PLEASE LIST ANY CONDITIONS REQUIRING REGULAR VISITS TO A PHYSICIAN _____

PLEASE LIST ANY PREVIOUS SURGERY WITH DATES (Begin with the most recent)

ARE YOU PRESENTLY TAKING ANY MEDICATIONS? IF SO, PLEASE LIST WITH DOSAGE AMOUNTS

DO YOU TAKE ASPIRIN? ☐ Y ☐ N DO YOU USE TOBACCO? ☐ Y ☐ N DO YOU CONSUME ALCOHOL? ☐ Y ☐ N
HOW MUCH? _____ HOW MUCH? _____ HOW MUCH? _____
HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ / _____

PLEASE CHECK ANY ILLNESSES OR CONDITIONS THAT HAVE HAD:

☐ ASTHMA	☐ FAINTING OR DIZZY SPELLS	☐ HIGH BLOOD PRESSURE	☐ STROKE
☐ BLEEDING TENDENCIES	☐ FREQUENT INFECTIONS	☐ KIDNEY DISEASE	☐ THYROID DISEASE
☐ BREATHING PROBLEMS	☐ GLAUCOMA	☐ NERVOUS DISORDER	☐ TUBERCULOSIS
☐ CANCER	☐ HEART MURMUR	☐ NUTRITIONAL PROBLEMS	☐ ULCER DISEASE
☐ DIABETES	☐ HEART DISEASE	☐ RHEUMATIC FEVER	☐ URINARY TRACT INFECTION

SIGNIFICANT FAMILY ILLNESSES _____
HAVE YOU RECEIVED A BLOOD TRANSFUSION? ☐ YES ☐ NO IF SO, WHEN?

FOR WOMEN

ONSET DATE OF LAST MENSTRUAL PERIOD _____ ☐ REGULAR ☐ IRREGULAR
NUMBER OF PREGNANCIES _____
DO YOU TAKE ORAL CONTRACEPTIVES? ☐ YES ☐ NO

METHOD OF PAYMENT _____
MEDICAL INSURANCE _____
NAME OF INSURED: _____ INSURED'S BIRTHDATE: _____
ID NUMBER _____ GROUP NUMBER _____
SECONDARY INSURANCE _____
ADDRESS _____
ID NUMBER _____ GROUP NUMBER
YOUR DRUGSTORE _____ PHONE _____
IN CASE OF EMERGENCY, NOTIFY _____ PHONE _____

PATIENT SIGNATURE _____ DATE _____

THANK YOU FOR YOUR COOPERATION