

Dermatology & Laser Center

PATIENT INFORMATION

Name _____ SSN# _____
Address _____ DOB _____
City _____ ST _____ Zip _____ Age _____ Sex _____
Home# _____ Cell# _____ Marital Status: S, M, D, W
Employer _____ Occupation _____
Address _____ Work# _____
Email Address _____

SPOUSE/PARENT

Name _____ SSN# _____
Address _____ Home# _____
City _____ ST _____ Zip _____ Cell# _____
Employer _____ Work# _____

RESPONSIBLE PARTY

Name _____ DOB _____
Address _____ SSN# _____
City _____ ST _____ Zip _____ Home# _____ Cell# _____
Employer _____ Work# _____

INSURANCE INFORMATION

Do you have insurance? Yes__ No__
Have you met your Deductible? Yes__ No__
How do you plan on paying for today's visit? Cash _____ Check _____ Credit Card _____
Primary Insurance _____ Policy# _____
Insured Name _____ Relation to Patient _____
Secondary _____ Policy# _____
Insured Name _____ Relation to Patient _____
Reason for today's visit _____
Primary Care Doctor _____
Referred By _____
Relatives treated by the Dermatology & Laser Center _____

IN CASE OF EMERGENCY

Name of friend or relative (not living at the same address): _____
Relationship _____ Home# _____ Work # _____

The above information is true to the best of my knowledge:

X _____ Date: _____

Patient/Guardian Signature

THE DOCTORS AND STAFF OF THE DERMATOLOGY AND LASER CENTER
WELCOME YOU AS OUR PATIENT, TO GIVE YOU THE BEST MEDICAL CARE,
IT IS IMPORTANT THAT WE HAVE YOUR MEDICAL HISTORY FOR OUR RECORDS.

Past or Current Medical Conditions: _____

List Past Hospitalizations _____

Are you planning on becoming pregnant? _____

What is your Chief Complaint? _____

When did it start? _____

What makes it worse? _____

What makes it better? _____

SOCIAL HISTORY

Occupation: _____

Sun related activities: Golf ___ Tennis ___ Fishing ___ Boating ___ Other ___

Smoking: Yes ___ No ___

Alcohol: None ___ Occasional ___ Daily ___ (___ # of drinks per day)

FAMILY HISTORY

Circle and list relationship if any blood relatives have had the following:

Melanoma Numerous Moles Psoriasis Eczema Asthma Arthritis
Internal Cancer Skin Cancer Diabetes Severe Acne
Thyroid Disease Polycystic Ovary Disorders Chronic Skin Disorders

Father: Age _____ Health _____ Age at Death _____ Cause of Death _____

Mother: Age _____ Health _____ Age at Death _____ Cause of Death _____

Brother: Age _____ Health _____ Age at Death _____ Cause of Death _____

Sister: Age _____ Health _____ Age at Death _____ Cause of Death _____

PERSONAL HISTORY

Do you or have you ever had any of the following (circle if yes):

Skin

Severe Teenage Acne
Sore that does not heal
Mole Changing
Color, Size, and Shape
Skin Cancer

When _____ Where _____

When _____ Where _____

Melanoma: When _____ Where _____

Psoriasis Keloid Eczema

Allergic Skin Reaction

Musculoskeletal

Muscle Aches
Arthritis
Broken Bones
Muscle Weakness

Neurology/Psch

Seizures Strokes
Anxiety Depression
Excessive Fatigue

GU

Kidney Trouble
Irregular Menstrual Cycle
Burning on Urination
Kidney Stones
Recurrent Yeast Infections
Recurrent Urinary Infections

ENT/Eyes

Glaucoma or Cataracts Frequent Sinus Infections
Frequent Throat Infections Trouble Sleeping Trouble Swallowing

PERSONAL HISTORY CONTINUED

<u>Heart/Lungs</u>	<u>General</u>	<u>GI</u>
High Blood Pressure	Weight Loss	Abdominal Cramps
Chest Pain / Heart Attack	Fever	Jaundice
Shortness of Breath	Chicken Pox	Diabetes
Pace Maker Pneumonia	Rheumatic Fever	Hepatitis (type_____)
Artificial Heart Valves	Cancer Where_____	Blood in Stools
Hay Fever Tuberculosis	Blood Transfusion	Hemorrhoids
Chronic Cough	When_____	Change in Bowel habits
Rheumatic Heart Disease	Swollen Lymph Nodes	Nausea Stomach Ulcer
Emphysema Heart Murmurs		Diarrhea Constipation

OFFICE USE ONLY

Referred By: _____ Phone # _____ Pharmacy: _____
 Photographs: _____ Allergies: _____
 Constitutional: _____

Medications: _____

- Skin type: 1) Burns easily, never tans
 2) Burns easily, tans minimally
 3) Burns Moderately tans gradually
 4) Burns minimally, tans gradually
 5) Rarely burns, tans profusely
 6) Never burns, deeply pigmented

REVIEWED AND UPDATED

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____