

SAGINAW OFFICE

5120 Midland Rd.
Freeland, MI 48623

Date: _____

Time: _____



H2|DERMATOLOGY

MIDLAND OFFICE

6225 Jefferson Ave.
Midland, MI 48640

Date: _____

Time: _____

PATIENT INFORMATION

NAME: _____ TODAY'S DATE: _____

DATE OF BIRTH: ____/____/____ GENDER (AT BIRTH): _____ GENDER IDENTITY: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

CELL PHONE #: _____ HOME PHONE #: _____

EMERGENCY CONTACT: _____ EMERGENCY CONTACT PHONE #: _____

MARITAL STATUS: _____ OCCUPATION: _____

LEGAL GUARDIAN NAME: _____ RELATIONSHIP: _____

GUARDIAN DOB: ____/____/____ GUARDIAN PHONE #: _____

PRIMARY INSURANCE: _____ SUBSCRIBER'S NAME: _____

SECONDARY INSURANCE: _____ SUBSCRIBER'S NAME: _____

PRIMARY CARE PHYSICIAN

NAME: _____

PHONE #: _____

CITY/STATE: _____

CURRENT MEDICATIONS

REFERRING PHYSICIAN

NAME: _____

PHONE #: _____

CITY/STATE: _____

PREFERRED PHARMACY

NAME: _____

STREET: _____

CITY/STATE: _____

ARE YOU ON BLOOD THINNERS? YES/NO

SMOKING STATUS

NEVER ___
QUIT ___ IF SO, WHEN _____
CURRENT ___ IF SO, HOW MUCH _____

ALLERGIES

ALCOHOL CONSUMPTION

NONE ___ 1/DAY ___ 1-2/DAY ___ 3 OR+/DAY ___

HAVE YOU HAD PNEUMONIA VACCINE: YES/NO

HAVE YOU HAD FLU VACCINE: YES/NO

SURGICAL HISTORY

FAMILY HISTORY

(1st Degree – Mom, Dad, Sister, Brother, Children)

___ Skin Cancer ___ Bleeding Disorders
___ Melanoma ___ Psoriasis
___ Breast Cancer ___ Eczema
___ Colon Cancer ___ Vitiligo

Phone: (989) 401-1463 Fax: (989)266-5240

****You must bring your ID and Insurance Card to your appointment!****

PAST MEDICAL HISTORY

- NONE
- Allergies (Seasonal)
- Anxiety
- Arthritis
- Artificial Joints
- Asthma
- Atrial Fibrillation
- Bone Marrow Transplant
- BPH
- Breast Cancer
- Colon Cancer
- COPD
- Coronary Artery Disease
- Depression
- Diabetes
- End Stage Renal Disease
- GERD
- Hearing Loss
- Heart Valve Replacement
- Hepatitis
- High Blood Pressure
- HIV/AIDS
- High Cholesterol
- Hyperthyroidism
- Hypothyroidism
- Kidney Disease
- Leukemia
- Lung Cancer
- Lymphoma
- Prostate Cancer
- Radiation Treatment
- Seizures
- Stroke

OTHER:

FEMALES

- ARE YOU PREGNANT? YES/NO
- PLANNING ON PREGNANCY? YES/NO
- ARE YOU NURSING? YES/NO

SKIN DISEASE HISTORY

- Acne
- Actinic Keratosis (Pre-Cancer)
- Alopecia (Hair Loss)
- Blistering Sun Burns
- Dry Skin
- Dysplastic Nevi (Atypical Moles)
- Eczema
- Herpes Simplex (Cold Sores)
- Melanoma
- Poison Ivy
- Psoriasis
- Rosacea
- Seborrheic Dermatitis (Flaky Scalp)
- Shingles
- Skin Cancer (Basal Cell Carcinoma)
- Skin Cancer (Squamous Cell Carcinoma)

OTHER:

REVIEW OF SYSTEMS

- Fever/Chills
- Chest Pain
- Cough
- Shortness of Breath
- Abdominal Pain
- Joint Pain/Swelling
- Rash
- Skin Growth
- Sores/Blisters
- Anxiety/Depression

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: _____

Date: _____