



H2|DERMATOLOGY

### PATIENT INFORMATION

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: \_\_\_\_\_  
 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: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 CITY/STATE: \_\_\_\_\_

ARE YOU ON BLOOD THINNERS? YES/NO

#### SMOKING STATUS

NEVER\_\_  
 QUIT\_\_ IF SO, WHEN\_\_\_\_\_  
 CURRENT\_\_ IF SO, HOW MUCH\_\_\_\_\_

#### ALLEGIES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### 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

(1<sup>st</sup> Degree – Mom, Dad, Sister, Brother, Children)

\_\_ Skin Cancer                      \_\_ Bleeding Disorders  
 \_\_ Melanoma                        \_\_ Psoriasis  
 \_\_ Breast Cancer                  \_\_ Eczema  
 \_\_ Colon Cancer                    \_\_ Vitiligo

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:

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FEMALES

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

SKIN DISEASE HISTORY

- NONE
- 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/Squamous Cell)

OTHER:

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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: \_\_\_\_\_