

PATIENT VISIT INFORMATION

NAME _____ DATE OF BIRTH _____

What is the primary reason for today's visit? _____
TODAY'S DATE _____

NEW PATIENTS ONLY: Are you interested in a Full Skin Exam? YES NO

REVIEW OF SYSTEMS

Please check any of the following you currently have, or have recently had.
You don't need to repeat anything already provided above.

DETAILS

- Rash _____
- Changing mole or growth _____
- Bleeding spot _____
- Wheezing _____
- Shortness of breath _____
- Fever or chills _____
- Night sweats _____
- Nausea _____
- Diarrhea _____
- Headaches _____
- Problems with bleeding _____
- Problems with healing _____
- Problems with scarring (Hypertrophic or keloid) _____
- Defibrillator or pacemaker _____
- Premedication prior to procedures _____
- Pregnancy or planning a pregnancy _____

RETURNING PATIENTS ONLY: Please alert your Medical Assistant if you have had any medical changes since your last visit.