

DERMATOLOGY INFORMATION SHEET

Patient Name _____ Today's Date _____
Date of Birth _____ Age _____ Family Physician _____
Referred By _____

Reason for Visit _____

Approximate duration of problem _____ Does anyone else in your family have a similar problem? **Yes No**

Are you allergic to any medications? **Yes No** If so, which ones? _____

What medications are you taking now? _____

Have you taken aspirin, aspirin-containing medications, or blood thinners in the last 10 days? **Yes No**

If yes, which ones? _____

Do you have a history of a bleeding problem? **Yes No** If yes, what type? _____

Is there a family history of skin cancer? **Yes No** If yes, what relatives and, if known, what type of skin cancer? _____

Do you have any history of moles that have gotten larger, darker, that get irritated by the sun, or have bled? **Yes No**

Do you have any specific questions you wish to have answered? _____

Do you have a history of any of the following? Answer by Selecting Yes or No

- | | | | |
|---------------|----------------------|---------------|-------------------------|
| Yes No | Skin Cancer | Yes No | Heart Disease |
| Yes No | Diabetes | Yes No | Heart Murmur |
| Yes No | High Blood Pressure | Yes No | Heart Valve Replacement |
| Yes No | Lung Disease | Yes No | Pacemaker |
| Yes No | Cancer | Yes No | Heart Surgery |
| Yes No | Rheumatoid Arthritis | Yes No | Liver Disease |
| Yes No | Lupus | Yes No | Joint Replacement |
| Yes No | Tobacco Use | Yes No | Alcohol Use |
| Yes No | Drug/Narcotic Use | Yes No | Excessive Alcohol Habit |

Do you have a history of Hepatitis or HIV infection? **Yes No**

Do you have a history of exposure to tuberculosis or a positive TB test? **Yes No**

Please list any surgeries you have had in the past five years _____

Please list any other significant health problems _____

What was the date of your last physical examination? _____

If necessary, may our office staff call/leave a message with biopsy reports/lab results? **Yes No**

If yes, what telephone number may we use to contact you? _____

ADVANCED DERMATOLOGY AND DERMAESTHETICS OF LOUISVILLE®

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