DERMATOLOGY PA
Patient Intake Sheet

Patient Name:_____ DOB:_____Date:_____

Reason for visit: *(Please note if there are multiple reasons, separate appointments may need to be scheduled)*

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General skin exam ☐ *(Head to toe)* | Partial exam ☐ *(Waist up)* | Spot evaluation ☐ *(Single concerning area)*

Female patients exam excludes genital area

Were you referred: Yes ☐ No ☐

If yes, by who?.....

Please indicate if you would like to have a chaperone present during the exam: Yes ☐ No ☐

Are you being seen for a rash? Yes ☐ No ☐

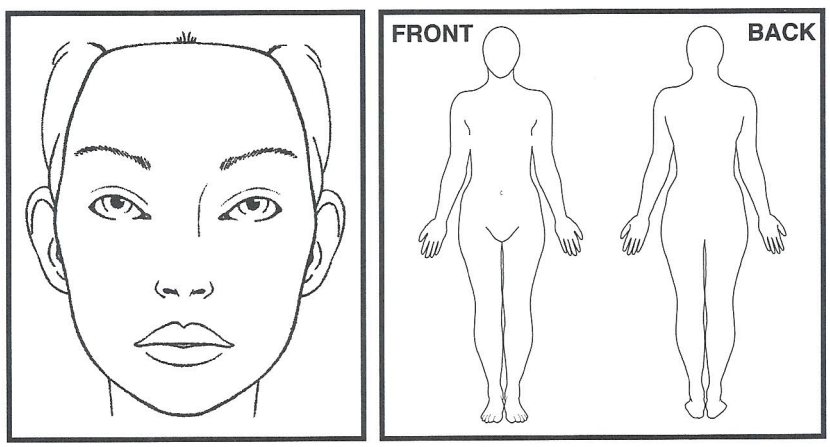
What makes the rash better? or worse? .....

Previous treatment .....

Personal history of skin cancer? Yes ☐ No ☐

Family history of skin cancer? Yes ☐ No ☐

Please circle any areas of concern against the diagrams below:



If being seen for a rash, please list all products used at home including brand names (e.g.: Aveda shampoo, Dove conditioner, Tide detergent, etc.)

- .....
- .....

Review of Systems: *(Please check if you have any of these symptoms)*

Skin:	☐ Acne	☐ Psoriasis	☐ Dry skin	☐ Hives	☐ Changes in moles
	☐ Itching	☐ Warts	☐ Ulcers	☐ Rashes	☐ Changes in hair or nails
General:	☐ Fatigue	☐ Fever	☐ Weight gain	☐ Weight loss	
Psychiatric:	☐ Depression	☐ Suicidal thoughts	☐ Anxiety	☐ Mood changes	
Cardiac:	☐ Chest pain	☐ Edema	☐ Pacemaker		
Neurologic:	☐ Headache	☐ Numbness	☐ Seizures	☐ Weakness	
Hematologic:	☐ Anemia	☐ Swollen lymph nodes	☐ Bleeding		
Musculoskeletal:	☐ Arthritis	☐ Joint pain	☐ Muscle aches		
Gastrointestinal:	☐ Diarrhea	☐ Abdominal pain	☐ Nausea/vomiting	☐ Heartburn	
Respiratory:	☐ Cough	☐ Shortness of breath			
Infectious Diseases:	☐ HIV	☐ Hepatitis	☐ Tuberculosis		