

**BLANCHARD VALLEY MEDICAL ASSOCIATES
DERMATOLOGY NEW PATIENT QUESTIONNAIRE**

(Patient's Answers)

Date: _____ Age: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Hobbies: _____

Please list any products you are using on your skin: _____

Are you ALLERGIC to any medication? If so, please list. _____

Allergic to anything (i.e. jewelry) that has come in contact with your skin?

Please list all significant current and past health problems: _____

Any heart problems? _____

Have you ever taken steroids? _____

Have you ever been told to take antibiotics before a dental visit? _____

Do you have any known bleeding disorders? _____

Family or Personal history of skin cancer? Please list type _____

Any of the following?

Hay Fever	<input type="checkbox"/> Family	<input type="checkbox"/> Personal
Bronchial asthma	<input type="checkbox"/> Family	<input type="checkbox"/> Personal
Eczema	<input type="checkbox"/> Family	<input type="checkbox"/> Personal

Family or Personal history of any non-skin cancer? _____

Family or Personal history of any inheritable disease? _____

Family or Personal history of skin conditions or diseases?
(Please list) _____

I would like to have a complete skin exam.

Signature

Who referred you to the Dermatology Department? _____

For what problem? _____

Location: _____ How long? _____

Associated Symptoms? _____

What have you tried for this? _____

Please list any medications you are currently taking (including over-the-counter, prescription, and oral contraceptives) _____

Please list any medications you have used which have caused problems for you in the past (other than allergic reaction)

Pharmacy (please list name, location, and phone number) _____

It would be helpful if you would bring the medication we have Prescribed for you each visit.

(Doctor's Notes)

I would prefer NOT to have a complete skin exam.

Signature

