



MOUNTAIN VIEW DERMATOLOGY AND COSMETIC SURGERY

Name: _____

How were you referred to our office? Please List the source below.

- Insurance Company Website:
Doctor:
Patient:
Other: (Example: Newspaper/ Magazine Ad, Google, Yahoo, Dex Online, Yellow Pages):

Is your illness or injury related to any of the following?

If Work Related Please Describe Circumstances

- Employment
Emergency
Accident
Other:

Blank lines for describing work-related circumstances.

Medical History

Please list all medical conditions you currently have or have had in the past:

Blank lines for listing medical conditions.

Please check any conditions below that pertain to you as they may be a factor when performing procedures or prescribing medications.

- Anemia, Bleeding Disorder, Diabetes, Heart problems, Hepatitis, Medications/ Supplements, Allergies, Pregnancy, Cancer, Other:

Family Medical History- Fill in any pertinent health information about your family:

Blank lines for family medical history.

Medications and Supplements you are currently taking or take often:

Blank lines for medications and supplements.

List any known Allergies and coinciding reactions, to medications please include preparations or items used in office (example: latex gloves, Bacitracian...):

Blank lines for allergies and reactions.

Hospitalizations and Health Habits

Table with columns: Year, Hospital, Reason, and a sub-table for Alcohol, Caffeine, Tobacco, Drugs, and Other with Yes/No and Amount fields.

Signature: _____ Date: ___/___/___/