

a DOCS affiliate

Patient Record Form

Name						
DOB			SSN	(last	4)	
Sex at Birth	/ Gender		Pron	Allne	2	
Sex at Birtin	Gender		11011	ouns	,	
Marital Status	□Single □Married	□Wid	owed		Divorced	
Primary phone (CEL	L)	May	we lea	ve a	voicemail	regarding (check all that apply)
		□ Tes	st resul	lts		
-		□ Ap	pointn	nent	scheduling	
		□ Bil	ling in	form	nation	
Secondary Phone (HC	OME)	May	we lea	ve a	voicemail	regarding (check all that apply)
☐ Not applicable		□ Tes	st resul	lts		
-		□ Ap	pointn	nent	scheduling	
		□ Bil	ling in	forn	nation	
Email						
Parent/Guardian Info						
	ormation					
☐ Not applicable Name		Phor	na ()		Relation
Ivanic		1 1101	ic ()	_	Relation
Emergency Contact						
Name		Phon	ne ()	-	Relation
V DL						
Your Pharmacy Name		Loca	ition			
Name		Loca	шоп			
Primary Care Provide	er					
□None Name					Location	
	0.1100					
	f different than prima	ry care	provid	ler)		
□None Name					Location	
Insurance Informatio	n lo not have your insurar	nce card	with y	ou t	oday)	
Primary Subscriber Na	me (policy holder):					
Primary Subscriber DC	OB:					
Relationship to patient	:					

Personal History of Skin Cancer(s)/Pre-Cancer	r(s)
□ None	
☐ Actinic keratoses	
☐ Atypical Moles/Dysplastic Nevi	
☐ Skin cancer(s)	
☐ Squamous Cell carcinoma	
☐ Basal Cell Carcinoma	
☐ Melanoma (Stage)	
□ Other	
Personal History of UV exposure questions	TV TV CDF "
Do you wear sunscreen	
Have you had blistering sunburns	
Have you ever used an indoor tanning booth	
If yes, do you still use an indoor tanning be	ooth 🗆 Yes 🗆 No
Past medical history (check all that apply)	
□ None	☐ Heart attack
	☐ Hepatitis (A, B or C)
□ Arthritis	□ HIV/AIDS
□ Asthma	☐ High Blood Pressure
☐ Atrial Fibrillation	☐ High Cholesterol
\square Blood clot(s)	☐ Immune suppression
\Box Cancer(s) (type, year of diagnosis)	□ Kidney Disease
	□ Seizures
☐ Liver cirrhosis	□ Stroke
☐ Diabetes	☐ Thyroid disease
☐ Fatty Liver	□ Other:
1 any Liver	
Past Surgical History	Allergies
□ None	□ No Known Drug Allergies
Procedure/Year	Allergen Reaction
	Adhesive sensitivity □Yes □No
	Injectable anesthesia allergy □Yes □No
	Latex allergy Yes No
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

Date: MM / DD /YYYY

Name:

Medications

П	P	V	n	n	e

Social History Tobacco use □Yes □No Alcohol Alerts Planning pregnancy? Heart Valve Surgery ever? Joint Replacement/Surgery in last 2 years? Blood thinners? Pacemaker and/or Defibrillator? MRSA history?	Yes D	INo □ N/A INo INo INo	
Tobacco use □Yes □No Alcohol Alerts Planning pregnancy? Heart Valve Surgery ever? Joint Replacement/Surgery in last 2 years? Blood thinners? Pacemaker and/or Defibrillator?	Yes □ Yes □ Yes □ Yes □	INo □ N/A INo INo INo	
Tobacco use □Yes □No Alcohol Alerts Planning pregnancy? Heart Valve Surgery ever? Joint Replacement/Surgery in last 2 years? Blood thinners? Pacemaker and/or Defibrillator?	Yes □ Yes □ Yes □ Yes □	INo □ N/A INo INo INo	
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Tobacco use □Yes □No Alcohol Alerts Planning pregnancy? Heart Valve Surgery ever? Joint Replacement/Surgery in last 2 years? Blood thinners? Pacemaker and/or Defibrillator?	Yes □ Yes □ Yes □ Yes □	INo □ N/A INo INo INo	
Planning pregnancy? Heart Valve Surgery ever? Joint Replacement/Surgery in last 2 years? Blood thinners? Pacemaker and/or Defibrillator?	Yes D	iNo iNo iNo	
Planning pregnancy? Heart Valve Surgery ever? Joint Replacement/Surgery in last 2 years? Blood thinners? Pacemaker and/or Defibrillator?	Yes D	iNo iNo iNo	
Heart Valve Surgery ever? Joint Replacement/Surgery in last 2 years? Blood thinners? Pacemaker and/or Defibrillator?	Yes D	iNo iNo iNo	
Joint Replacement/Surgery in last 2 years? Blood thinners? Pacemaker and/or Defibrillator?	Yes □	iNo iNo	
Blood thinners? Pacemaker and/or Defibrillator?	□Yes □	lNo	
Pacemaker and/or Defibrillator?			
	Yes □	1No	
MRSA history?			
	□Yes □	No	
Family History of Skin Cancer			
□ None			
Melanoma □Yes	□No; If ye	es, who?	
Squamous cell carcinoma Yes			
Basal cell carcinoma □Yes			
\square Yes, there is a family history of sl	kin cancer b	out the type of skin cancer	is unknown
Frankla Harld Heat (4)	. 32 1	124 1 4 P A	
Family Health History (other relevant me	edical cond	nuons you wish to list)	
□ Not applicable			
		Date: MM /	DD /YYYY
re:		Date: MM /	DD /WWW