



New / Return Patient Visit

Today's Date: _____

Main reason for this visit: _____
*(please list only **ONE** reason; note that a full body "mole check" is an entire visit by itself)*

Prior history of skin problems: _____
 List your medical problems: _____

Your age? _____
 Who recommended this visit? _____

Skin cancers in your family: _____
 Please list your drug allergies: _____
 What is your occupation? _____

When did the problem begin? _____
 Which areas are involved? _____

What medicines do you take?
(including herbals and OTC) _____

Has it been itchy or painful? _____

Other issues to discuss today:
(only if time permits) _____

Is it getting better or worse? _____
 Any headache, fever or cough? _____
 What treatments were tried? _____

For physician use only (please do **NOT write below):**

