

Mid-Michigan Dermatology, PLLC

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Thank you for selecting Mid-Michigan Dermatology! We will strive to provide you with the best possible dermatological care. To help us meet all your dermatology needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us- we will be happy to help! We prefer you complete this form before your visit and fax to 517-886-2072 or mail to our office to expedite patient wait time.

PATIENT MEDICAL INTAKE

Name: _____ Date of Birth: _____

Occupation: _____ Primary Care Physician: _____

Allergies:

Are you allergic to any medications? Yes No
If yes, list: _____

Are you allergic to latex? Yes No

Are you allergic to metal/nickel? Yes No

Women:

Are you pregnant? Yes No

Are you breastfeeding? Yes No

Medications:

Please list all current medications and dosages. Please include any over the counter medications that you may be taking.

Preferred Pharmacy: _____

Primary Care Physician _____

Dosage _____ mg

Do you take aspirin? Yes¹ No¹ If Yes,

Surgical History:

- Pacemaker
- Stents
- Artificial Heart Valve
- Artificial Joint
- Organ Transplant
- Vein Stripping

List Other Surgeries: _____

Past Medical History (check all that apply):

Lungs:

- Bronchitis
- Emphysema
- Asthma
- Wheezing
- Chronic Cough
- Shortness of Breath

Cardiovascular:

- High Blood Pressure
- Chest Pain
- Angina
- Heart Attack
- Heart Murmur
- Irregular Heart Beat
- Heart Failure
- Blood Clots
- Phlebitis

Endocrine:

- Diabetes
- Thyroid Disease
- Overactive Thyroid
- Underactive Thyroid

Gastrointestinal:

- Stomach Ulcer
- Duodenal Ulcer
- Crohn's Disease
- Celiac Disease
- Liver Disease
- Hepatitis
- Bowel Problems
- Reflux (GERD)
- Hiatal Hernia

Renal:

- Kidney Disease
- Kidney Failure

OVER→

Dialysis

Men:

- Prostate Enlargement
- Difficulty Urinating

Women:

- Regular Menses
- Irregular Menses
- Postmenopausal

Musculoskeletal:

- Rheumatoid Arthritis
- Osteoarthritis
- Psoriatic Arthritis

Neurological:

- Stroke
- Seizure
- Fainting

ENT:

- Cataracts
- Glaucoma
- Deafness
- Hard of Hearing

Hematology:

- Anemia
- Low Platelets
- Low White Blood Cells
- Bleeding Disorder
- Hemophilia

Infectious Disease:

- Hepatitis A
- Hepatitis B
- Hepatitis C
- HIV
- AIDS
- Herpes/Cold Sores
- Tuberculosis

List any other medical conditions: _____

Cancer:

Type: _____

Treatment: _____

Autoimmune:

- Lupus

Skin:

- Psoriasis
- Eczema
- Keloids
- Skin Cancer: Type _____
Treatment _____
- Melanoma
- Abnormal/Dysplastic Moles
- Other Skin Disease

Social History:

- | | | |
|---|-----------------|----|
| Do you drink alcohol? | Yes | No |
| If yes, how many drinks per week? _____ | | |
| Do you smoke? | Yes | No |
| If yes, how much? _____ | | |
| Do you use IV drugs? | Yes | No |
| If yes, what? _____ | How much? _____ | |
| Do you use other drugs? | Yes | No |
| Do you tan? | Yes | No |
| Do you use a tanning booth? | Yes | No |
| Do you use a sunscreen? | Yes | No |
| Do you wear a hat? | Yes | No |
| Do you always burn/never tan? | Yes | No |
| Do you sometimes burn/sometimes tan? | Yes | No |
| Do you always tan/never burn? | Yes | No |

Family History (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Eczema | <input type="checkbox"/> Systemic Lupus Erythematosus |
| <input type="checkbox"/> Basal Cell Carcinoma | <input type="checkbox"/> First degree family member with dysplastic nevi | <input type="checkbox"/> Malignant Melanoma |
| <input type="checkbox"/> Bullous Dermatoses | <input type="checkbox"/> First degree family member with melanoma | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Cutaneous Lupus Erythematosus | <input type="checkbox"/> Squamous Cell Carcinoma |
| <input type="checkbox"/> Diabetes Mellitus | | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Dysplastic Nevus Syndrome (abnormal moles) | | <input type="checkbox"/> Vitiligo |

