

# 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? Yes<sup>1</sup> No<sup>1</sup> 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                     |

