PATIENT HISTORY

This is confidential medical information.
Accurate and complete medical information is needed to help us provide optimal care.

Patient's Name: _____ **Todays Date:**

What is the reason for today's appointment?

_____

MEDICATIONS (list medications you are currently taking, include injectables, herbals and over-the-counter meds):

MEDICATION NAME	DOSAGE	FREQUENCY TAKEN	HOW IT IS TAKEN

MEDICAL HISTORY

Have you ever had skin cancer?

Yes, on record at JCD ☐ No ☐ Unsure

Yes, outside records: _____

List the practitioner that treated it, date it was treated, type of skin cancer, and location on body

Have you previously been diagnosed with any chronic skin conditions?

☐ Psoriasis ☐ Eczema ☐ Other: _____

Have you ever had the following?

☐ AIDS/HIV
☐ Allergies
☐ Arthritis
☐ Asthma
☐ Bleeding disorder or on a blood thinner
☐ Cancer, type: _____
☐ Defibrillator
☐ Depression
☐ Diabetes
☐ Genetic disease, type: _____
☐ GI/bowel disease, type: _____
☐ Glaucoma
☐ Heart attack/disease
☐ Hepatitis, type: _____
☐ High cholesterol / triglycerides
☐ Hypertension
☐ Joint replacement
☐ Lupus
☐ Multiple sclerosis
☐ Organ transplant, type: _____
☐ Pacemaker
☐ Psychiatric disorder
☐ Radiation, explain: _____
☐ Seizures
☐ Stroke
☐ Thyroid disease
☐ Tuberculosis

Other chronic or current medical condition(s) not listed

_____

PLEASE COMPLETE THE FRONT AND BACK OF THIS FORM IN ITS ENTIRETY

PATIENT HISTORY

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Patient's Name:

ALLERGIES TO MEDICATIONS

List the medication name and type of reaction

_____ _____

_____ _____

_____ _____

HOSPITALIZATIONS / SURGERIES

List any hospitalizations or surgeries within the last 12 months

_____

_____

_____

OCCUPATION

If retired, please list your former occupation

_____

SUNSCREEN USE

How often do you use sunscreen? ☐ Daily ☐ Occasionally ☐ Rarely ☐ Never

Other sun safe habits? ☐ Hat ☐ UPF rated clothing ☐ Umbrella ☐ Other: __

WOMEN ONLY

Are you currently pregnant? ☐ Yes Due: _____ ☐ No

Are you currently breastfeeding? ☐ Yes ☐ No

Are you planning pregnancy? ☐ Yes ☐ No

FAMILY HISTORY

	Mother	Father	Siblings	Child
Skin cancer (non-melanoma type)	☐	☐	☐	☐
Melanoma	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Allergies	☐	☐	☐	☐
Eczema	☐	☐	☐	☐
Lupus	☐	☐	☐	☐
Multiple Sclerosis	☐	☐	☐	☐

please notify your clinician or practitioner of any current changes in your health

PLEASE COMPLETE THE FRONT AND BACK OF THIS FORM IN ITS ENTIRETY

Patient Name:

COMMUNICATION PREFERENCES

In certain circumstances, we may need to contact you regarding your dermatology care. (e.g. lab or pathology results, prescription medications, upcoming appointments, account balances or credits.)

Messages left on a number designated as home will be brief in nature.

Home Voicemail ☐ **Y** ☐ **N**

Cell Voicemail ☐ **Y** ☐ **N** Text Message ☐ **Y** ☐ **N**

Email **Would you like access to patient portal?** ☐ **Y** ☐ **N**

3rd PARTY RELEASE OF INFORMATION

You may discuss my medical information, care and/or billing account information with the following.

***If no one is listed, we will be unable to speak with anyone other than the patient or guardian of a minor patient.**

Name_____ Relationship _____Phone _____

Name_____ Relationship _____Phone _____

If you need to change any of the above preferences, you must request to do so in writing. This acknowledgement will expire 1 year from the date it is signed.

Signature _____ **Date** _____
(If patient is under the age of 18, parent or guardian signature is required)

SURROGATE DECISION MAKER

Do you have someone that can make medical decisions on your behalf if you are unable to? ☐ Yes ☐ No

IF YES, name of surrogate: _____

HIPAA PRIVACY NOTIFICATION

I have read and/or been offered a copy of the Notice of Privacy Practices for Johnson County Dermatology, PA.

I understand that I may request a copy of the Privacy Notification in the future by contacting Johnson County Dermatology, PA at (913) 764-1125 or by writing to 153 W 151st Street, Suite 100, Olathe, KS 66061 or by visiting the website at www.jocoderm.com.

Signature _____ **Date** _____
(If patient is under the age of 18, parent or guardian signature is required)