Name_____

Reason for visit (rash, lesion, mole, acne, itch, skin cancer, skin check, etc.):

_____

_____

_____

Since your last visit:
New diagnosis:_____

New surgeries:_____

New medicines (do not fill out if you brought a medication list):

_____

_____

New drug allergy:_____

Do you smoke? Yes No

ALERTS: PLEASE CIRCLE ANY THAT APPLY TO YOU:

Artificial heart valve
Heart valve defect
Defibrillator
Premedication recommended prior to procedures
Latex allergy Describe_____
Blood thinners What type?_____

Pregnant
Breast-feeding
Lidocaine (Xylocaine) allergy
Epinephrine allergy
Organ transplant