NEW PATIENT HISTORY
Sierra Skin Institute

NAME: _____ DATE OF BIRTH: _____

1) Primary reason for today's appointment? _____
_____

How long have you had this problem? _____

Have you received treatment for this problem before today? _____

If yes, please describe (including any non-prescription creams you have tried):
_____
_____

2) Do you have other skin problems you would like evaluated? _____
(Note: These problems may require a second appointment. If you want more than one problem treated visit, your insurance company may refuse payment.)

3) There has been an increase in melanoma (mole cancer). We recommend a yearly skin exam to evaluate your moles. If you have not had your moles checked by a dermatologist, would you like to have your skin checked for melanoma?

Yes No

4) Please list current medications: _____
_____
_____

5) Please list any allergies to medications: _____

6) Do you have or have you ever had any of the following:

Joints replaced	Yes	No	Liver disease	Yes	No
Kidney Disease	Yes	No	High blood pressure	Yes	No
Diabetes	Yes	No	Heart Disease	Yes	No
Nervous Disease	Yes	No	Blood Clot	Yes	No
Asthma/lung disease	Yes	No	Keloid or scar	Yes	No
Genetic disease (inherited)	Yes	No	Do you bleed easily?	Yes	No
Have you used a tanning bed?	Yes	No	Have you ever had skin cancer?	Yes	No
Have any blood relatives had melanoma or mole cancer?	Yes	No			

7) Is there anything else about your medical history which may be important for the doctor to know?

_____
_____

8) Referred by: