GRANGER MEDICAL CLINIC | *Dermatology*

Deductible:______________
Acct #:______________

Michael R. Hinckley, MD *Jack Saunders, PA-C*

Date:__________ Patient Name:______________ Gender: ☐ M ☐ F Date of Birth:__________
Pharmacy:______________________ Primary Care Physician:______________________

What are you being seen for today?
1.______________________________
2.______________________________
3.______________________________

Medications currently taking (If numerous, please provide us with a copy of your list):

____
Allergies and reaction: ______________________ Are you allergic to latex? ☐ Yes ☐ No
Have you ever had skin cancer? ☐ Yes ☐ No If yes, what type?______________________

Social History
Marital Status ☐ Single ☐ Married ☐ Widowed
Are you pregnant or nursing? ☐ Yes ☐ No
Do you use tobacco? ☐ Yes ☐ No

Family History
History of skin cancer? ☐ Yes ☐ No If yes, who and what type?______________________

Review of Systems
Do you currently have any problems in the following areas? (Please check)

How are you feeling today?	☐ Feeling well	☐ Feeling Fair	☐ Feeling Poorly	☐ Fever
Head	☐ Headaches	☐ Dizziness	☐ N/A	
Lumps under the skin (nodes)	☐ Neck	☐ Armpits	☐ Groin	☐ N/A
Eyes	☐ Grittiness	☐ Dry	☐ N/A	
Lungs	☐ Cough	☐ N/A		
Bleeding problems	☐ Bleed easily	☐ N/A		
Musculoskeletal	☐ Joint pain/swelling	☐ N/A		
Psychological	☐ Anxiety	☐ Depression	☐ N/A	
OTHER SKIN PROBLEMS	☐ Yes	☐ No		

YOUR <u>Current</u> & Past Medical Conditions

Defibrillator or Pacemaker	☐ Yes	☐ No	Arthritis	☐ Yes	☐ No
Artificial heart valve	☐ Yes	☐ No	Lung disease	☐ Yes	☐ No
Joint replacement	☐ Yes	☐ No	Heart disease	☐ Yes	☐ No
Organ transplant	☐ Yes	☐ No	Seizures	☐ Yes	☐ No
HIV infections	☐ Yes	☐ No	Neurological disease	☐ Yes	☐ No
Hepatitis B or C	☐ Yes	☐ No	Liver disease	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Radiation therapy	☐ Yes	☐ No
High blood pressure	☐ Yes	☐ No	Kidney disease	☐ Yes	☐ No
Bleeding disorder	☐ Yes	☐ No	Skin cancer	☐ Yes	☐ No