



**New / Return Patient Visit**

Today's Date: \_\_\_\_\_

**Main reason for this visit:** \_\_\_\_\_  
(please list only **ONE** reason; note that a full body "mole check" is an entire visit by itself)

Prior history of skin problems: \_\_\_\_\_  
List your medical problems: \_\_\_\_\_

Your age? \_\_\_\_\_  
Who recommended this visit? \_\_\_\_\_

Skin cancers in your family: \_\_\_\_\_  
Please list your drug allergies: \_\_\_\_\_  
What is your occupation? \_\_\_\_\_

When did the problem begin? \_\_\_\_\_  
Which areas are involved? \_\_\_\_\_

Has it been itchy or painful? \_\_\_\_\_

What medicines do you take?  
(including herbals and OTC) \_\_\_\_\_

Is it getting better or worse? \_\_\_\_\_  
Any headache, fever or cough? \_\_\_\_\_  
What treatments were tried? \_\_\_\_\_

Other issues to discuss today:  
(only if time permits) \_\_\_\_\_

**For physician use only (please do NOT write below):**

