1673 Gezon Parkway SW Wyoming, MI 49519
Phone - 616-243-DERM (3376) Fax – 616-243-3377

General Information

First Name	Middle Name	Last Name
DOB	SSN	Male Female Other
Weight	Height	Primary Care Physician
How did you hear about us?		

Contact Information

Address	City	State	Zip
Mobile Phone	Home Phone	Email	
Other Phone	Preferred Communication		
Employment Status	Employer		

Responsible Person

Complete this section if the patient is NOT the primary policyholder or if the patient is a minor.

First Name	Last Name	Relationship to Patient	
Address	City	State	Zip
Mobile Phone	Home Phone	Email	

Emergency Contact

☐ Check here if emergency contact name and address is same as responsible person above and skip section below.

First Name	Last Name	Relationship to Patient	
Address	City	State	Zip
Mobile Phone	Home Phone	Email	

Favorite Pharmacy

Name		Phone	
Address	City	State	Zip

1673 Gezon Parkway SW Wyoming, MI 49519
Phone - 616-243-DERM (3376) Fax – 616-243-3377

Allergies

o No Allergies	o Latex	o Penicillin
o Other:		

Medications

Please list all medications you are taking below including vitamins, aspiring, supplements, herbals, over-the-counter.

Skin Conditions

Please select if you have any of the medical conditions below. If a condition is not listed, please write in the bottom.

o No medical history	o Acne	o Actinic Keratosis / AKs
o Basal Cell Carcinoma	o Dysplastic Nevus/moles	o Eczema/atopic dermatitis
o Keloids	o Malignant Melanoma	o Psoriasis
o Squamous Cell Skin Cancer		
o Other:		

Medical Conditions

Please select if you have any of the medical conditions below. If a condition is not listed, please write in the bottom.

o No medical history	o Anxiety/Depression	o Arthritis
o Asthma	o Blood clotting disorder	o Crohn's disease
o Cancer: ______________________	o Diabetes	o HIV Positive
o Heart Attack	o Heart disease	o Heart failure
o Hepatitis B	o Hepatitis C	o High Blood Pressure
o Kidney Disease	o Liver disease	o Lupus
o Mental Disorder: _________________	o Migraine	o Seasonal Allergy
o Seizure	o Stomach Ulcer	o Stroke
o Thyroid Disease	o Tuberculosis	o Ulcerative Colitis
o Other:		

1673 Gezon Parkway SW Wyoming, MI 49519
Phone - 616-243-DERM (3376) Fax – 616-243-3377

Past Surgeries

o None	o Bone marrow transplant	o Heart valve replaced
o Implant internal cardiac defibrillator	o Joint replaced	o Solid organ transplant
o Implant cardiac pacemaker	o Mohs	
o Other:		

Family History

If yes, please include which relative.

o Atopic Dermatitis ___________________	o BCC _____________________	o SCC_________________________
o Skin Cancer ______________________	o Psoriasis ___________________	o Malignant Melanoma ____________________
o Other:		

Obstetric History	o Not Applicable	o Pregnant	o Mother Currently Breastfeeding	
History of Exposure	Excessive Sun exposure? o Yes o No	Skin tanning/ tanning bed use? o Yes o No	Exposure to radiation? o Yes o No	Sunscreen Use? o Yes o No
Smoking Status	o Non-Smoker	o Smoker	o Ex-Smoker	
Alcohol Use	o Social drinker	o Heavy drinker	o Non-drinker	
Marital Status	o Married	o Single	o Divorced	o Widowed
Immunizations	Have you had your flu - Influenza vaccine this year? o Yes o No	If over age 65, have you had your pneumococcal vaccine? o Yes o No		
Advanced Directive	If over age 65, do you have an advanced care plan (advance directive)? o Yes o No			