



Patient Name: _____ Date: _____ DOB: _____

Past Medical History: (please circle all that apply)

History: (please circle all that apply)		
Anxiety	Depression	Hyperthyroid
Arthritis	Diabetes	Leukemia
Asthma	End Stage Renal Disease	Lung Cancer
Atrial fibrillation	GERD	Lymphoma
Bone Marrow Transplant	Hearing Loss	Prostate Cancer
BPH	Hepatitis	Radiation Treat
Breast Cancer	Hypertension	Seizures
Colon Cancer	HIV/AIDS	Stroke
COPD	High Cholesterol	<u>NONE</u>
Coronary Artery Disease	Hypothyroid	

Other:



Skin Disease History: (please circle all that apply)

Acne	Dry Skin
Actinic Keratoses	Eczema
Asthma	Flaking or Itch
Basal Cell Skin Cancer	Hay Fever/All
Blistering Sunburns	Melanoma

Other:

Do you wear Sunscreen? Yes No
If yes, what SPF? _____
Do you tan in a tanning salon? Yes No
Do you have a family history of Melanoma?
If yes, which relative(s)? _____

Medications: (Please enter all current medications & dosage)

Allergies: (Please enter all drug allergies)

Social History: (Please circle all that apply)

Cigarette Smoking:

Never smoked
Currently Smokes
Has smoked in the past
Former Smoker

Family History: Significant disease & illness, skin or other (Sister and Children)

CONDITION



Review of Systems: Are you currently experiencing any of the following? (Please check "YES" or "NO")

SYMPTOM		YES	NO	SYMPTOM		YES	NO
Abdominal Pain				Muscle Weakness			
Anxiety				Neck Stiffness			
Bloody Stool				Night Sweats			
Bloody Urine				Problems with bleeding			
Blurred Vision				Problems with healing			
Chest Pain				Scarring (Honeycomb Skin)			
Depression				Scurvy			
				Skin Rash			
				Skin Ulcers			
				Sore Throat			
				Sweating			
				Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			
				Unexplained Numbness			
				Unexplained Swelling			
				Unexplained Tiredness			
				Unexplained Weight Loss			
				Unexplained Weight Gain			
				Unexplained Bruising			
				Unexplained Fatigue			
				Unexplained Hair Loss			
				Unexplained Itching			
				Unexplained Joint Pain			

all that apply)

ressive



RIVERCHASE DERMATOLOGY FINANCIAL POLICY

Understanding your financial responsibility is an essential component in establishing and maintaining a patient/practitioner relationship. In this regard, we offer the following information regarding our financial policies.



RIVERCHASE DERMATOLOGY
15051 S. TAMIAMUL TRAIL, SUITE 200

HIPAA Notice of Privacy Practices Acknowledgement & Authorization

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of your Notice of Privacy Practices. I also understand that this practice has the right to change its Notice of Privacy Practices and that I may contact the practice at any time to obtain a current copy of the Notice of Privacy Practices.

MAY WE CALL YOUR HOME AND LEAVE A MESSAGE TO CALL OUR OFFICE BACK? ☐ YES ☐ NO

MAY WE PHONE YOU AT WORK AND LEAVE A MESSAGE TO CALL OUR OFFICE BACK? ☐ YES ☐ NO

DO WE HAVE YOUR PERMISSION TO TALK TO FAMILY MEMBERS OR OTHER INDIVIDUALS? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE THE NAMES, PHONE NUMBER & RELATION TO YOU:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

OUR OFFICE WILL MAIL BENIGN RESULTS TO THE PATIENT. THESE RESULTS ARE IN THE FORM OF A POSTCARD, ADDRESSED TO THE PATIENT. UNLESS TOLD OTHERWISE, THESE RESULTS WILL BE MAILED TO YOUR HOME ADDRESS. PLEASE NOTIFY OUR OFFICE IF YOU WANT THESE RESULTS MAILED TO AN ALTERNATE ADDRESS.

By signing this form, I acknowledge that I have received or have been given the opportunity to receive a copy of the Riverchase Dermatology Notice of Privacy Practices and have also been given an opportunity to ask questions. A copy of this consent will be included in my chart for future reference.

SIGNATURE: _____ DATE: _____

