



**DTF1343**

PATIENT INFORMATION

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Name: \_\_\_\_\_  
 MR#: \_\_\_\_\_ Finance: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 MD: \_\_\_\_\_

**DERMATOLOGY - Health History New Visit**

Did someone send you to us? (NAME) \_\_\_\_\_  
 What is your child's main skin concern today? \_\_\_\_\_  
 How long has it been present? \_\_\_\_\_  
 Treatment to date: \_\_\_\_\_  
 \_\_\_\_\_ Did it help? \_\_\_\_\_  
 Any other skin problems that need to be addressed today?  No  Yes \_\_\_\_\_  
 \_\_\_\_\_  
 Dry/sensitive skin?  Yes  No      Eczema?  Yes  No  
 Asthma?  Yes  No      Hay fever?  Yes  No

Past Medical History: Birth History  Normal  C-Section Birth Weight \_\_\_ lbs \_\_\_ oz  
 Any health problems?  No  Yes \_\_\_\_\_  
 Any prior surgeries or hospitalizations?  No  Yes \_\_\_\_\_  
 Please List Current/Other Medications: \_\_\_\_\_  
 \_\_\_\_\_  
 Adverse Reactions: (Drug, herbal)?  No  Yes \_\_\_\_\_  
 Allergies (foods/other)?  No  Yes \_\_\_\_\_  
 Is your child routinely exposed to smoke?  No  Yes  
 Are your child's immunizations up to date?  Yes  No

MEDICAL PROBLEMS & SYSTEM REVIEW			FAMILY HISTORY			
Child	No	Yes	(Please indicate relationship to your child for yes responses)			
			Condition/illness	No	Yes	Relationship
Unintended Weight Change			Skin Cancer:			
Recent Fever			Melanoma:			
Eye Problems			Eczema:			
Skin cancer / melanoma			Asthma:			
Headaches			Hay Fever:			
Epilepsy / Seizure Disorder			Other:			
Psychiatric Problems						
Ear / Nose / Throat Problems						
Heart Problems						
Breathing difficulties						
Stomach pain, vomiting, diarrhea			SOCIAL HISTORY			
Muscle aches / weakness			Grade level:			
Bladder Problems			Activities:			
Problems with diabetes, thyroid, hormones			Sibling(s)/Age(s):			
Other:			Pets:			

Form completed by: \_\_\_\_\_ Patient / Parent / Other  
 Staff (MA, RN, Other): \_\_\_\_\_ Med Student/Resident/Fellow: \_\_\_\_\_

Health History Reviewed by physician: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Lawrence Eichenfield, MD / Sheila Friedlander, MD / Magdalene Dohil, MD / Victoria Barrio, MD / Wynnys Tom, MD / Andrew Krakowski, MD / Lauren Bennett, PA-C / Melinda Ly, PNP)