

Chart# _____

Dermatology Associates of Knoxville, PC

Date _____

New patients fill out front of entire form

Established Patients fill out inside the top 3 boxes

Name _____ Age _____ Height _____ Weight _____ Referring Doctor _____

Chief Complaint: Why are you here today?

History of Present Illness or Chief Complaint:

Location	Duration
Symptoms	Severity
Previous Treatments	

Medical History
 Allergies and effects: _____
 Current Medications: _____
 Please ✓ if meds are unchanged from last visit. _____
 Female Patients: Are you currently, or possibly pregnant or breast feeding? Yes No Oral contraceptives? Yes No

Please update the information in the box below every 6 months.

✓ if you have experienced in the past six months: weight loss recurrent fevers night sweats persistent nausea vomiting diarrhea
 Have you been told to take antibiotics before routine dental cleaning? Yes No If yes, why? _____

General Medical History - (check if you have, or have ever had, any of the following)
 anemia arthritis artificial heart valve asthma cancer (other than skin) if yes, specify _____
 chronic infections diabetes fainting spells gastrointestinal disease gout hay fever
 hepatitis / liver disease / Hepatitis C high blood pressure / heart disease high cholesterol / triglycerides
 HIV or AIDS pacemaker seizures thyroid disease
 Other history/surgeries/chronic illnesses? _____

Dermatology History - (check if you have, or have ever had, any of the following)
 acne birthmarks contact allergies eczema fungus infection herpes-cold sores hives
 irregular moles lupus malignant melanoma psoriasis skin cancer other than malignant melanoma sun spots
 Other _____

Family History - (check if immediate blood relatives have or ever had, any of the following)
 arthritis asthma eczema hay fever irr. moles lupus proven malignant melanoma psoriasis
 skin cancer other than melanoma (Other) _____

Social History
 tobacco use alcohol use

Medication given: _____ Amount: _____ Location: _____ Initials: _____
 Resp/Min: _____ Initials: _____