Shady Grove Dermatology, LLC
JOSEF K. YEAGER, M.D., SANDERS H. BERK, M.D., THOMAS M. KEAHEY, M.D., CAROLINE E. YEAGER, M.D.

Patient:_____ **Date:** _____ **Date of Birth:** _____

Reason for visit: _____

Referring Physician: _____PCP: _____

How did you hear about our office: _____

Duration of problem: _____ Prior treatment of the problem: _____

Are you allergic to any medications? _____ If so, please list below:
_____

Are you taking blood thinners or Aspirin daily? _____
Have you ever had a reaction to Xylocaine anesthetic ? __ Yes __ No

Do you have now, or have you ever had diseases or conditions of: (Check all that apply)

- ☐ Arthritis
- ☐ Artificial Joint
- ☐ Blood Clots
- ☐ Cancer, If so, what type: _____
- ☐ Convulsions or Seizures
- ☐ Depression
- ☐ Diabetes
- ☐ Fainting
- ☐ Heart: _____
- ☐ Hepatitis
- ☐ HIV Disease
- ☐ Irregular Heart Beat
- ☐ Kidney Disease
- ☐ Lungs: _____
- ☐ Lupus
- ☐ Pacemaker
- ☐ Thyroid Disease
- ☐ Other Medical Conditions: _____

Have you ever had any of the following reactions when taking antibiotics?
(Check all that apply)

- ☐ Hives/Skin rash
- ☐ Nausea, vomiting or diarrhea
- ☐ Yeast infection

Check any of the following that apply to you:

- ☐ Do you drink alcohol? _____
- ☐ History of blistering sunburns
- ☐ History of tanning bed use
- ☐ Tobacco user, frequency: _____

Please complete reverse side

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PHONE 240-246-7417 FAX 240-246-7444

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Have/had skin cancer, specifically:

- ☐ Basal Cell Carcinoma
- ☐ Malignant Melanoma
- ☐ Squamous Cell Carcinoma

Family member has/had skin cancer, specifically:

- ☐ Basal Cell Carcinoma
- ☐ Malignant Melanoma
- ☐ Squamous Cell Carcinoma

Have/had problems with healing:

- ☐ Bleed easily
- ☐ Develop keloids (scars) after surgery

Develop skin rash reactions, specifically to:

- ☐ Bandages
- ☐ Environment
- ☐ Food
- ☐ Medications
- ☐ Topical Neosporin

Previous Surgeries:

_____

_____

_____

Please list all current prescription medications and dosage:

_____

_____

_____

Please list all vitamins and supplements you are currently taking :

_____

What is your occupation? _____ Hobbies?_____

_____ _____

Patient Signature Medical Assistant Signature

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