

PATIENT REGISTRATION FORM

Please fill out the following form *completely*.

PATIENT – Reason for Visit? _____

Last Name: _____ **First Name:** _____ **MI:** ____

DOB: _____ **SSN:** _____

Please circle one of the following: Married Single Divorced Widowed Separated

Home Phone: (____) _____ **Cell Phone:** (____) _____

Work Phone: (____) _____ **Email:** _____

Home Street Address: _____

Home City, State, Zip: _____

Employer or School: _____ **Title:** _____

Emergency Contact: _____ **Phone:** (____) _____

Relationship to Emergency Contact: _____

RESPONSIBLE PARTY – If same as above, please check

Relationship to Patient: _____

Last Name: _____ **First:** _____ **MI:** ____

Sex: M or F **DOB:** _____ **SSN:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Work Phone: (____) _____ **Email:** _____

Home Street Address: _____

Home City, State, Zip: _____

PLEASE FILL IN THE CIRCLES COMPLETELY ON THE BUBBLE SHEET

Please fill out the following form *completely*.CORRECT: INCORRECT: **History of Present Illness**

- Itching: Yes No
- Duration: Up to a month 1-6 months 6+ months
- Tender skin lesion(s): Yes No
- Have any lesions been bleeding: Yes No
- New or changing lesion(s): Yes No

Past Medical History

Personal history of the following (select all that apply):

- Eczema Hayfever Asthma
- Diabetes: Yes No
- Atypical nevi: Yes No
- Personal history of melanoma: Yes No
- History of skin cancer: Yes No
- Artificial Valves/Joints: Yes No
- Pacemaker/Defibrillator: Yes No
- AIDS/HIV: Yes No
- Pregnant: Yes No
- Bleeding Disorder: Yes No

Family HistoryFirst degree relative with melanoma: Yes No

First degree relative with the following (select all that apply):

- Eczema Hayfever Asthma

Social History

How often did you have a drink containing alcohol in the past year:

- never (0 points) monthly or less (1 point)
- 2 to 4 times a month (2 points) 2 to 3 times a week (3 points)
- 4 or more times a week (4 points) 6 or more times a week (4 points)

Are you a: current smoker former smoker never smokerExercise: Yes NoSunscreen use: Yes NoRegularly uses sunscreen: Yes NoTanning bed use: Yes No**Review of Systems**Fever: Yes NoSore throat: Yes NoJoint pain: Yes No