LAURA WAGNER, M.D. **Dermatology**

HEALTH FORM
FOR RETURN PATIENTS

Our office is converting from paper charts to Electronic Medical Records. The information you provide here will be used to update your chart. This will replace any prior information you provided. Please reply to each item listed below by checking the ☐ NONE box or by completing that section. Remember to sign & date.

PATIENT INFORMATION:

Name ______________________________ DOB: ____________________ AGE: _____

REASON FOR TODAY'S VISIT:
Explain the reason for this visit with the approximate onset date & location of each problem.

____

____

HABITS

Smoking Status	☐ Current Smoker	☐ Former Smoker	☐ Never Smoker	
Alcohol Consumption	☐ None	☐ Social	☐ Heavy	
Females, check one	☐ Pregnant	☐ Trying to conceive	☐ Nursing	☐ None of these

CURRENT MEDICATIONS: Provide a complete list of all RX meds you currently take.
Include strength if known. Do not list vitamins or supplements.

☐ NONE

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

DRUG ALLERGIES: Provide a complete list of all drug allergies.

☐ NONE

____________________ ____________________ ____________________

SKIN CANCERS: List any known skin cancers

☐ NONE

____

LIST ALL MEDICAL PROBLEMS YOU HAVE THAT ARE CURRENTLY BEING FOLLOWED BY YOUR PRIMARY CARE PHYSICIAN

☐ NONE

____

____

Do you have: Artificial Joints? _____ Artificial Heart Valve? _____ Pacemaker? _____ Defibrillator? _____

DEMOGRAPHIC INFORMATION:

Address: ______________________________ C/S/Z : ______________________

Phone #s: Hm ____________________ Cell ____________________ Wk ____________________

Emergency Contact Name and Ph: ______________________________________

Primary Care Physician Name and Ph: ______________________________________

X ______________________________________
Signature of Patient (or guardian if patient is a minor)

X ______________________
Date

☐ **Check here if you have additional information attached.**

☐ **Scanned**