

Iowa City Dermatology LLC

Name: _____ Date: _____
Date of Birth: _____ Occupation: _____

Primary reason for appointment: _____
All current medications (including non-prescription) _____

Medication allergies _____

Are you currently experiencing problems or have you had problems in the past with your:

- 1. General Well Being (fever, weight loss, fatigue)? YES NO
2. Eyes(pain, itching)? YES NO
3. Nose, Ears, Mouth, or Throat (sinus trouble, ear infection)? YES NO
4. Cardiovascular (chest pain, high blood pressure)? YES NO
5. Respiratory System (pneumonia, asthma)? YES NO
6. Gastrointestinal System (nausea, vomiting, diarrhea)? YES NO
7. Genitourinary System (kidney disease, HIV/AIDS, STD)? YES NO
8. Musculoskeletal System (arthritis, joint replacements)? YES NO
9. Neurologic System (stroke, seizures)? YES NO
10. Psychiatric System (depression, mental illness)? YES NO
11. Endocrine System (diabetes, thyroid disease)? YES NO
12. Blood/Lymphatic System (anemia, blood clots)? YES NO
13. Allergic/Immunologic System (cancer)? YES NO
14. Skin (problems with adhesives, keloid scars, psoriasis)? YES NO

If any Yes please explain _____

Table with 2 columns: Do you have a family history of: and Do you have a personal history of:
Rows include Malignant Melanoma, Psoriasis, Eczema, Skin Cancer or Melanoma, Use of tanning bed, Blistering sunburns.

Please check the statement that best describes your skin type:
I. ___ Burns easily, tans minimally III. ___ Rarely burns, tans well
II. ___ Burns at first, then tans gradually IV. ___ Never burns, naturally dark skin

Due to the increase in skin cancer and malignant melanoma Dr Wall and Dr Colleran recommend a Full Body Exam. Would you like to have your moles and skin screened for skin cancer? YES NO

A Full Body Exam may require scheduling additional time at another visit. Please tell the receptionist when you check out that you would like to have a Full Body Exam.

Do you smoke? YES NO
Are you currently pregnant or breast feeding? YES NO
Have you had any changes in your general health or anything about your medical history you feel the Dr. should know? _____ 4/10