NORTH COUNTY
Dermatology Clinic

Patient Name_____ Birthdate _____

Ethnicity:

____Caucasian ___ Hispanic ___ African American __Native American Indian ___Middle Eastern

___Asian _____Other

Primary Care Doctor's Name:_____ Office Location:_____

Preferred Pharmacy: _____ Location:_____

Were you referred by ___Primary Doctor ___ Friend ___ Insurance ___ Internet _____ Other

What is the main Reason for today's appointment:_____

_____About how long have you had this?___days ___weeks ___Months ___Yrs

Dermatology History: Please check all that apply

- Do you have a history of Pre-cancers (actinic keratoses)? ___ No ___ Yes
- Do you have a history of Skin Cancer? ___No ___ Yes ____
    - What type? ___ Basal Cell ___ Squamous Cell _____Malignant Melanoma
    - what year? _____Location on body:_____
    - Do you have a family history of malignant melanoma? ___No ___ Yes Which Relative? _____

- Have you been diagnosed with a Dermatology condition? ___ Psoriasis ___ Eczema ___ Acne _____Other
- Have you seen a dermatologist in the past? ___ No ___ Yes About how long ago? _____

Medical History:

- Do you have a bleeding disorder? ___No ____ Yes
- Do you take a blood thinner? ___No ___Yes
- Do you have any infectious diseases? ___ No ____ Hepatitis ____ HIV/AIDS _____ Other
- Do you have a Heart Pacemaker _____ Defibrillator _____
- Current medical problems: _____
- Allergies (List medications as well as others such as ___Latex ___ anesthetic ___epinephrine___ topical antibiotics ___adhesives):_____

OVER

Social History:

- Smoking history: ____ Never smoked ____ Former smoker ____ Current smoker
- Alcohol Use: _____ Never _____ Less than 1-2 drink/day _____ 3 or more/day
- FEMALES of child bearing age: Are you pregnant ___No ___ Yes Planning a pregnancy? ___No ___ Yes
  Currently Breastfeeding? __ No ___ Yes

Current Medications: Include dose and frequency (or attach list ____)	**Dosage**	**Frequency**

Our Providers include:

1. Timothy Knight, M.D., Board Certified Dermatologist
2. Nicholas Wolhaupter, PA-C, Board Certified Physician Assistant
3. Hillary Cachet, PA-C, Board Certified Physician Assistant
4. Lexi Mears, PA-C, Board Certified Physician Assistant

Unless you circle a preference above, the first available provider will perform your exam and treatment. Please let the front desk know if you have a preference so that we can try to accommodate you. All of our providers diagnose, prescribe and perform surgical procedures and laser tattoo removal. *Note: only our physician assistants perform cosmetic treatments such as botox and fillers, laser hair removal and BBL(IPL) photofacials.*

Patient Signature (or parent/caregiver)_____

Date: _____