Bitterroot Health Dermatology

OFFICE USE ONLY:
HT: _____ WT: _____
BP:_____/_____
Repeat BP: _____/_____
Flu Vaccine: Y/N _____

Name: **DOB:**

Symptom Review – Please mark if you are experiencing any of the following:

☐ Fevers/Chills	☐ New, bleeding, or changing moles	☐ Itching	☐ Easy bleeding/ bruising tendency
☐ Swollen glands	☐ Unintentional weight loss	☐ Nose bleeds	☐ Vision changes
☐ Headache	☐ Abdominal pain	☐ Constipation	☐ Diarrhea
☐ Muscle pain	☐ Muscle weakness	☐ Joint pain	☐ Thick scarring

History Review:

Grew up in: _____

History of sun exposure:

☐ Moderate ☐ Significant

Please check any of the following that apply:

☐ Current tanning bed usage
☐ Past tanning bed usage
☐ History of sunburns
☐ History of skin cancer
☐ History of blistering sunburns
☐ History of abnormal moles
☐ Family history of melanoma
☐ History of mole removal or treatment

Rash/ Acne History

☐ N/A – No current rash or acne

☐ - Current rash or acne present

*Location:*_____ *Onset:* ___ ☐*Weeks* ☐*Months* ☐*Years Ago*

Medications/therapies tried: _____

Improved by: _____ *Worsened by:* _____

OB/GYN

Are you currently pregnant or trying to become pregnant?	☐ Yes	☐ No
Are you currently breastfeeding?	☐ Yes	☐ No

Infection Risk

Any recent travel in the last 2 months?	☐ Yes	☐ No
Any family member or household contact travel in the last 6 months?	☐ Yes	☐ No
Any known exposure to COVID-19 in the last 14 days?	☐ Yes	☐ No
Any COVID-19 symptoms present? (Cough, fever, shortness of breath, muscle pain, sore throat, loss of taste/smell)	☐ Yes	☐ No

Tobacco

Do you currently use tobacco?	☐ Yes	☐ No
If not, have you used tobacco in the past?	☐ Yes	☐ No

If yes to either question:
☐ Cigarettes _____/day ☐ Chew _____/day ☐ Pipe ___/day ☐ Cigars ____/day

Fall Risk

Have you fallen at all in the last year?	☐ Yes	☐ No
If so, how many times? ____ Were you injured?	☐ Yes	☐ No
Do you worry about falling?	☐ Yes	☐ No
Do you feel unsteady at home?	☐ Yes	☐ No

Depression

In the last two weeks, have you felt down, depressed or hopeless?
☐ Not at all ☐ Several Days ☐ More than half the days ☐ Nearly every day

In the last two weeks, have you had little interest or pleasure in activities?
☐ Not at all ☐ Several Days ☐ More than half the days ☐ Nearly every day