

**RETURNING PATIENT MEDICAL INFORMATION  
TRIBECA PARK DERMATOLOGY**

Patient Name: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

If your PCP has changed, Please provide name of new MD: \_\_\_\_\_

**Medical History Changes**

Any recent health changes/new medical conditions?: \_\_\_\_\_

Please provide an updated list of all medications: \_\_\_\_\_  
\_\_\_\_\_

Any new allergies to medications?: \_\_\_\_\_

For women: Are you pregnant? \_\_\_\_\_ Breast Feeding? \_\_\_\_\_

**Family History**

Any relatives recently diagnosed with skin cancer?: \_\_\_\_\_

**Social History**

*Cigarette Smoking History* (please check any that apply):

\_\_\_ **Never a smoker** \_\_\_ **Former smoker** \_\_\_ **Current daily smoker** \_\_\_ **Current smoker some days**

*Alcohol Consumption*

How many times in the last year have you had 5 drinks or more in a single night? (circle one) **0** **1-12** **>12**

**Current Review of Symptoms**

Are you experiencing any of the following symptoms, currently? (check all that apply):

- |                                  |                             |                             |
|----------------------------------|-----------------------------|-----------------------------|
| ___ fever/chills                 | ___ congestion/allergies    | ___ joint pain              |
| ___ significant change in weight | ___ chest pain/pressure     | ___ muscle weakness         |
| ___ changes in vision            | ___ swelling of extremities | ___ loss of sensation       |
| ___ changes in hearing           | ___ cough                   | ___ headaches               |
| ___ earaches                     | ___ shortness of breath     | ___ anxiety/depression      |
| ___ mouth sores                  | ___ abdominal pain          | ___ easy bruising           |
| ___ nose bleeds                  | ___ nausea/vomiting         | ___ lymph node swelling     |
| ___ sore throat                  | ___ genitourinary symptoms  | ___ temperature intolerance |

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_