



Dear Patient,

You are scheduled for an office visit with one of our dermatologists. Our office is located at 1633 Medical Center Point, on the northwest corner of Fillmore Street and Union Boulevard. Our clinic is on the 2<sup>nd</sup> floor and can be reached at (719) 635-5148 (TTY: 711).

**In order to provide you with the best possible service, when you arrive for your appointment:**

- Please bring the three forms enclosed, completed.
- Bring the name(s) of any medication(s) you have already used to treat your condition.
- Please contact your insurance company to find out what your benefits are for dermatology care.
- Be aware that if you have multiple health issues, more than one visit may be required due to time constraints. Our care team will notify you if another appointment is necessary.
- Please keep in mind that your appointment is reserved for you. Please schedule a separate appointment for family members who may also have issues they would like addressed.
- If you are under the age of 18, you must have a parent or legal guardian with you, or unfortunately, we will not be able to provide treatment for you.

During your exam, we may need to take a small biopsy (tissue sample) to determine whether or not a rash or a growth on your skin puts you at risk for skin cancer. While biopsies are covered by most insurance plans, it is possible that your plan may not pay 100% and may require payment toward your plan's deductible. If you have not met your insurance plan's deductible, you may receive a bill for the biopsy. There are many different insurance plans, so it is important that you check your benefits **before** you visit us.

**Most** rashes and growths will be biopsied during your initial visit, but some biopsies require a longer appointment and will be scheduled for a later date. The dermatologist will decide whether or not a biopsy can be performed the same day. All patients receive an initial evaluation and consultation with the physician before a decision is made about a procedure.

All samples that are removed are sent to a pathology laboratory for review. Results are returned to our office within 14 days. The results are reviewed by the dermatologist, and our care team will contact you with the results.

We look forward to seeing you and appreciate the opportunity to serve you. Thank you for your cooperation in preparing for your visit with us.

Please sign below letting us know that you have read and understand this information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# DERMATOLOGY – PATIENT INTAKE INFORMATION

1633 Medical Center Point, Colorado Springs, CO 80907



Patient Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for today's visit \_\_\_\_\_

Circle any of the following chronic conditions that you have been diagnosed with:

- |                         |                            |                  |
|-------------------------|----------------------------|------------------|
| Lung disorders _____    | Neurologic disorders _____ | Heart attack     |
| Cardiac disorders _____ | High blood pressure        | Lupus            |
| Thyroid disorders _____ | Diabetes                   | Stroke/TIAs      |
| Kidney disorders _____  | High cholesterol           | Blood clots/DVTs |
| Gastro disorders _____  | HIV/AIDS                   |                  |

**CURRENT MEDICATIONS** Update the printed list provided, provide a list, or fill in all medications you are currently taking (including prescriptions, over-the-counter meds, vitamins and herbals):

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**ALLERGIES:** Are you allergic to any medications? If so, please list: \_\_\_\_\_  
 Have you ever had a reaction to dental anesthesia (Novocaine)? \_\_\_\_\_

**REVIEW OF SYSTEMS:** Circle any of the following symptoms you've experienced in the last 3 months:

Fever	Chills	Feeling poorly	Feeling tired	Weight gain lbs	Weight loss lbs
Eye pain	Red eyes	Blurry vision	Eye discharge	Dry eyes	Itchy eyes
Difficulty swallowing	Hearing loss	Nose bleeds	Nasal discharge	Mouth sores	Hoarseness
Chest pains	Palpitations	Lower leg edema (Swelling)			
Short of breath	Wheezing	Cough	Coughing up blood		
Abdominal pain	Constipation	Heartburn	Vomiting	Diarrhea	Blood in stool
Vaginal discharge	Penile discharge	Vaginal dryness	Blood in urine	Genital ulcers	Genital lesions
Morning joint Stiffness Lasting more than _____ mins	Joint pain	Joint swelling	Muscle weakness	Limb swelling	
Skin lesions	Skin wound	Itching	Mole changes	Skin rash	Dry skin
Color changes in cold	Sensitivity to sunlight	Skin feels tight	Hives	Hair loss	Nail changes
Headache	Confusion	Dizziness	Fainting	Convulsions	Difficulty walking
Deeper voice	Excessive hair growth				
Bruises easily	Bleeds easily	Swollen glands	Swollen glands (in neck)		

## PAST MEDICAL HISTORY

Have you ever had skin cancer? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been diagnosed with melanoma? \_\_\_\_\_ Where on the body? \_\_\_\_\_

History of any other specific skin diseases? \_\_\_\_\_

Do you develop keloids (scars) after surgery? \_\_\_\_\_

## SURGICAL HISTORY

List surgical procedures you have had in the last 6 months. \_\_\_\_\_

Do you have a pacemaker? \_\_\_\_\_

## FAMILY HISTORY

Has anyone in your family had skin cancer? \_\_\_\_\_

Has anyone in your family had any other specific skin diseases? \_\_\_\_\_

## SOCIAL HISTORY

Alcoholic drinks consumed per day \_\_\_\_\_

IV Drug use \_\_\_\_\_ What type and how often? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ What type and how much? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ Due Date \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

## COMPLETED BY

Patient \_\_\_\_\_

Date: \_\_\_\_\_

Medical Assistant: Initials \_\_\_\_\_

Registered Nurse: Initials \_\_\_\_\_

Reviewed by \_\_\_\_\_

Date \_\_\_\_\_

# DaVita Medical Group - Medical Center Point



\*map not to scale

## 1633 Medical Center Point

Located on the northwest corner of Fillmore & Union

