

**PATRICK A WEGMAN MD  
DERMATOLOGY**

**TODAY'S DATE:** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**PRIMARY CARE PROVIDER:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**PRIMARY PHARMACY:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**What is your current level of pain (circle number)?**    **NO PAIN**

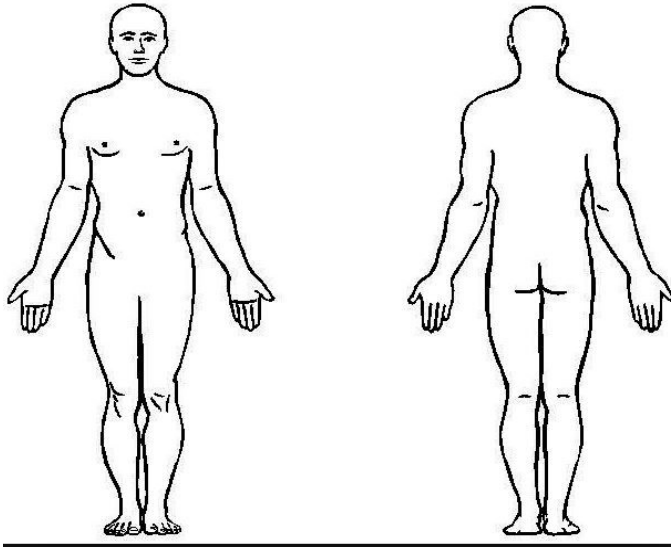
|   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

**WHAT WOULD YOU LIKE DR WEGMAN TO LOOK AT TODAY (MARK AREAS ON BODY DIAGRAM IF PREFERRED)?**

1. \_\_\_\_\_

2. \_\_\_\_\_

I am here for follow-up appointment and have no known concerns at this time.



**DO YOU NEED ANY MEDICATIONS REFILLED OR PRESCRIBED (PLEASE LIST)?**

\_\_\_\_\_

**SOCIAL HISTORY (CIRCLE RESPONSE):**    NEVER SMOKED    FORMER SMOKER    CURRENT SMOKER