

**WEGMAN DERMATOLOGY, PLLC  
PATIENT INTAKE FORM**

DATE: \_\_\_\_\_ PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_

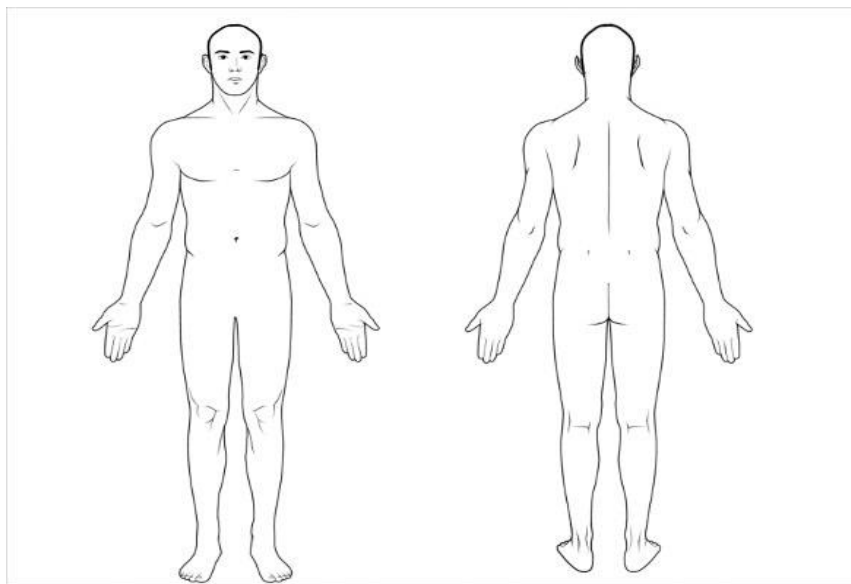
HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ PHARMACY: \_\_\_\_\_ DOCTOR: \_\_\_\_\_

SMOKING STATUS:            SMOKER            NON SMOKER

DO YOU HAVE SOMEONE WITH YOU TODAY AT VISIT TODAY ? YES NO    IF YES, WHO IS WITH YOU? \_\_\_\_\_

QUESTION	ANSWER
<p align="center"><b>What is your main concern for today's visit?</b></p>	
<p align="center"><b>Have you seen another Dermatologist?</b> (Since your last appointment here)</p>	<p align="center">YES NO</p> <p>DOCTOR: _____</p> <p>EXPLAIN: _____</p> <p>DATES: _____</p>
<p align="center"><b>Have you been hospitalized?</b> (Since your last appointment here)</p>	<p align="center">YES NO</p> <p>DOCTOR: _____</p> <p>EXPLAIN: _____</p> <p>DATES: _____</p>
<p align="center"><b>Have you had medical testing done?</b> (Since your last appointment here)</p>	<p align="center">YES NO</p> <p>TYPE: _____</p> <p>LOCATION: _____</p> <p>EXPLAIN: _____</p> <p>DATES: _____</p>

*What areas of concern do you have for today's appointment (indicate on diagram & explain)?*



BLOOD PRESSURE: \_\_\_\_\_

PULSE: \_\_\_\_\_

BODY TEMPERATURE: \_\_\_\_\_

PULSE OXIMETRY: \_\_\_\_\_