

Date \_\_\_\_\_

Name \_\_\_\_\_ Birth date (month/day/year) \_\_\_\_\_

Address \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_ Other contacts (*email*, fax, cell phone) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Referring Doctor \_\_\_\_\_

Health Card Number \_\_\_\_\_ Pharmacy \_\_\_\_\_

Reason for your office visit today: \_\_\_\_\_

Have you seen Drs. Gooderham/Freeman/Singh (please circle) in the past? \_\_\_\_\_ When? \_\_\_\_\_

Please list **any** know **SKIN** conditions (past and present)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications/creams tried for your current skin problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all medical conditions:(past and present)  
**INCLUDING CANCERS OR MELANOMAS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications not related to skin condition:  
**If providing list please give to reception**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you on a blood thinner? (Aspirin, Plavix, Coumadin, other): Yes \_\_\_\_ No \_\_\_\_

Please list any **allergies** to medications: \_\_\_\_\_

**Family History** (please circle those conditions present in any family members):

- |           |                          |              |                 |           |             |
|-----------|--------------------------|--------------|-----------------|-----------|-------------|
| Melanoma  | Non-Melanoma skin cancer | Other Cancer | Thyroid Disease | Stroke    | Blood Clots |
| Psoriasis | Autoimmune Disorders     | Diabetes     | Bowel Disease   | Arthritis | Eczema      |

I have read and understand 'Office Policies' for Dermatology: \_\_\_\_\_

(Please Sign)