



New Patient Medical Information Form

Name: _____ Date of birth: _____ Age: _____

Last 4 of SS #: _____ Marital status: single, married, divorced, widow, widower, CU

Mailing address: _____ Town: _____ State: _____ Zip: _____

Phone #: _____ Other phone #: _____ e-mail: _____

Is it OK for us to leave messages on your telephone answering machine (e.g., appointment reminders, lab results, etc.)? (circle one) **Yes** **No**

Is it OK for us to e-mail you with appointment reminders, lab results, etc.? **Yes** **No**

Person responsible for payment: _____ their address: same as above, or:
Mailing address: _____ Town: _____ State: _____ Zip: _____

Employment: _____

Name of insurance company: _____

Who is your primary care physician? _____

Did a physician/nurse refer you to this office? **Yes** **No**, if Yes, who: _____

If No, how did you learn about the Rutland Skin Center/Dr. McCauliffe: _____

Circle any of the following medical problems you have or have had:

Arthritis, asthma, bleeding disorder, chickenpox, diabetes, glaucoma, high blood pressure, heart trouble, herpes (cold sores or fever blisters), HIV/AIDS, hives, kidney problems, liver disease, phlebitis or blood clots, seizure disorder, stomach ulcers, thyroid disease, tuberculosis, cancer (if yes, what type: _____), other medical problems not present in this list: _____

List any operations you have had: _____

Smoking history: Are you currently smoking? **Yes** **No**, if smoked, for how many years _____

Family history: Please circle all of the following conditions that any blood-relatives have had:

Skin cancer (if yes, what type(s): _____)
asthma, eczema, hay fever, heart disease, phlebitis/blood clots, psoriasis, lupus erythematosus, other diseases: _____

List all medications and supplements that you take, including aspirin, ibuprofen and naproxen:

Allergies: List all medications that you have been allergic to: _____

List other allergic reactions: _____

Have you read the Rutland Skin Center Patient Care Policy Letter: **Yes** **No**

Signature of person filling out this form

relationship to patient

Today's Date

Please return completed form to the front desk.