Telemedicine Request Instructions: **Please fill out this form and e-mail it along with photos of your health insurance card(s), for payment, and skin problem photos to rutlandskin@gmail.com**

Disregard the policy e-mail that is promptly e-mailed back to you. If you do not receive a phone call or e-mail response from the office within 24 hours, call 773-3553. For urgent matters call Dr. McCauliffe at 236-2496.

Name:_____________________________ Birth Date:_______Age:____Today's Date__________

Address:____Phone #__________________

Are you a ☐New patient or an ☐Established patient , and if so, about how long ago were you last seen:___________________

Who is your primary care provider:____

Please describe your skin problem(s)

Problem #1:

Location(s):

Duration: ______☐day(s); ☐week(s); ☐month(s); ☐year(s)
Quality: ☐asymptomatic; itchy ☐yes; ☐no; painful or tender ☐yes; ☐no;
Severity: ☐minimal; ☐moderate; ☐severe
Timing: ☐improving; ☐stable; ☐worsening; ☐enlarging; ☐intermittent; ☐constant; ☐seasonal (worse/better- in ☐spr ☐sum ☐fall ☐wint)
Modifying Factors: Effect of other treatments:

Assoc. signs/sxs: fever ☐yes; ☐no; chills ☐yes; ☐no swelling ☐yes; ☐no ☐Other:___________________

Problem #2:

Location(s):

Duration: ______☐day(s); ☐week(s); ☐month(s); ☐year(s)
Quality: ☐asymptomatic; itchy ☐yes; ☐no; painful or tender ☐yes; ☐no;
Severity: ☐minimal; ☐moderate; ☐severe
Timing: ☐improving; ☐stable; ☐worsening; ☐enlarging; ☐intermittent; ☐constant; ☐seasonal (worse/better- in ☐spr ☐sum ☐fall ☐wint)
Modifying Factors: Effect of other treatments:

Assoc. signs/sxs: fever ☐yes; ☐no; chills ☐yes; ☐no swelling ☐yes; ☐no ☐Other:___________________

Please list all medicines and supplements that you take:

Please list all allergies, especially to medications:

Do you have any artificial joints, heart valves , or a heart pacemaker or defibrillator. If yes, explain:

Pregnant: ☐**yes;** ☐**no;** ☐**no but trying to get pregnant** Breast Feeding: ☐**yes;** ☐**no**
Do YOU HAVE A HISTORY OF SKIN CANCER OR MELANOMA? If yes, please explain:
Family history of Non-melanoma skin cancer ☐yes; ☐no or melanoma ☐yes; ☐no location and date dx;

Include additional pages if needed.