

Monica K Bedi, MD Ann Neff, MD Dahlia Saleh, DO Brittony Blakey, DO Margarita Givens, PA-C Laura De Oliveira, PA-C Anna Heck, PA-C Sarah Puccinelli, PA-C Jennifer Crews, PA-C

MEDICAL QUESTIONNAIRE

Patient Name:		DOB:		Date:	
Email address:	Reason	for Today's Visit	:		
DO YOU HAVE NOW OR HAVE YOU HA	AD A HISTORY OF THE FOLLOWING COI	NDITIONS? PLEA	SE CHECK ONLY T	THOSE THAT APPLY:	
□ Immunosupression□ Skin Pre-cancers (actinic keratosis)□ Irregular Moles (dysplastic nevus)□ Melanoma	☐ Multiple Sclerosis☐ Bowel Disease☐ Kidney Disease	Are you allo	ergic to any medi 	ications? If yes, please list:	
☐ Skin Cancer (basal or squamous)☐ Hepatitis B or C	□ Pacemaker□ Hayfever / Allergies□ Lupus	Are you allo	ergic to tape/oint	ments? Yes / No	
☐ High Blood Pressure☐ Low Blood Pressure	□ HIV □ Stroke	Previous su	ırgeries:		
 Heart Disease Heart Murmur Atrial Fib/Flutter Heart Attack/Stents 	□ Seizures□ Depression□ Rheumatologic Disorder□ Organ Transplant	Please list y vitamins, o		lications, including herbs and	
☐ High Cholesterol☐ Joint ReplacementSiteYear	Type: □ Glaucoma □ Cancer (ex. breast) Type:				
□ Asthma□ Lung Disease□ Liver Disease□ Diabetes□ Thyroid Disease□ MSRA	□ Radiation Treatment □ Blood disorders □ Eczema □ Psoriasis □ Have you had a pneumoccal	Any additio	onal comments or	r something we should know:	
	vaccine? Other: NG SUNBURNS? Yes / No DO YOU I	HAVE A HISTORY	OF TANNING BE	D USE? Yes / No	
ARE YOU INTERESTED IN ANY OF THE BOTOX® Cosmetic Skin Care Products	FOLLOWING? (PLEASE CHECK ALL THA Chemical Peels SculpSure Fat Sculpting		r Hair Removal als		
Melanoma Yes / No Skin Cance	STORY OF THE FOLLOWING CONDITIO Yes / No Psoriasis Ye Yes / No Thyroid Disease Ye	es / No Lupu:	s Yes / No		
WHERE DID YOU GROW UP?		I HAVE	LIVED IN FLORIDA	A SINCE WHAT YEAR?	
DO YOU PERSONALLY USE THE FOLLO	WING?: Sunscreen Yes / No	Alcohol Yes /	No	Tobacco Yes / No	
MARITAL STATUS: Single Marr	ried Divorced Widowed				
OCCUPATION:	RACE/ETHN	IICITY:			
WHAT OUTDOOR ACTIVITIES ARE YOU	J INVOLVED IN?				
WE RECOMMEND A YEARLY TOTAL BODY SKIN EXAM INCLUDING WHEN APPROPRIATE GENITAL AND/OR PERIANAL SKIN IN ORDER TO EVALUATE FOR SKIN CANCERS. WILL YOU BE HAVING A TOTAL BODY SKIN EXAM TODAY? No Next Visit					
IN AN EMERGENCY PLEASE CONTACT	<u> </u>		PHONE	NUMBER:	
אוטואבט:	3830 Ree Pidge Poad - Suite		EL 34233		

3830 Bee Ridge Road - Suite 200, Sarasota FL 34233 4351 Cortez Road W - Suite 101, Bradenton FL 34210 11505 Palmbrush Trail - Suite 220 - Lakewood Ranch FL 34202 7915 US 301 - Suite 107, Ellenton FL 34222