

Medical History Form
Family Dermatology A Division of Raleigh Medical Group
5603 Duraleigh Road., Suite 111, Raleigh, NC 27612 860 Perry Road, Apex, NC 27502
2406 Blue Ridge Road, Suite 220, Raleigh, NC 27607
Phone: 919-791-0840 Fax: 919-791-0911

Name: _____ Gender: _____ Age: _____ Chart # (Office Supplies this): _____

Patient race: _____ Ethnicity: _____

Preferred language: _____

How did you hear about us (who referred you?): _____

Please list your primary care physician: _____

Please list any other providers you would like your office notes sent to: _____

Please provide your e-mail for appointment reminders: _____

Reason(s) for today's visit:

1. _____

2. _____

Have you had an atypical (dysplastic) mole biopsied? _____

Have you had a basal or squamous cell carcinoma? _____

Have you had a melanoma? _____

Has your father, mother, brother, sister, son or daughter had a melanoma? _____

Do you have a history of any other cancer? _____

Do you smoke or use other tobacco? ☐ Current smoker ☐ Former ☐ Never

Do you now or have you ever had (please check what applies):

☐ Artificial heart valve

☐ Diabetes

☐ Lupus

Women Please Answer

☐ Artificial joint

☐ Hypertension

☐ Arthritis

☐ Are you pregnant?

☐ Pacemaker

☐ Hepatitis B

☐ Thyroid disease

☐ Breastfeeding?

☐ Defibrillator

☐ Hepatitis C

☐ Planning pregnancy?

☐ HIV or AIDS

☐ Radiation treatment (if so, list body parts): _____

Any other disease or condition we should know about? _____

Please provide a phone number where we can reach you during the day: _____

May we speak with your family members regarding your problems and test results? _____

Do you have any cosmetic concerns? _____

Would you like to receive emails about our cosmetic specials? ☐ Yes ☐ No

Medicare Patients and patients 65+

Name and # of health care proxy if you have one: _____

Do you have a living will? _____

Which best reflects your wishes: ☐ Do not resuscitate ☐ Do not intubate ☐ Initiate all resuscitation measures

Have you received the pneumonia vaccine (Pneumovax)? _____

Please sign below acknowledging you have reviewed our Privacy and Financial policies at the end of the New Patient Paperwork packet (3 pages total, copies are located at the check in desk if not received).

Signature

Date

Name: _____

Date of Birth: _____

Are you allergic to latex, lidocaine, or any other medications? _____

List drug(s) and reaction(s): _____

Are you on any blood thinners? _____

List all medications, over the counter supplements and vitamins that you take daily or as needed. Please include dosage and frequency.

Name	Dose	Frequency

Pharmacy Information

Name of pharmacy: _____

Street it is on: _____

City it is in: _____

Family Dermatology
A Division of Raleigh Medical Group
Diseases and Surgery of the Skin, Hair, and Nails

Matthew K. Flynn, M.D.
Robert H. Johr, M.D.
Kelly T. Blount, P.A.

Shaily Pandey Bhatnagar, M.D.
Lauren Crouse, M.D.
Jennifer Adair, P.A.
Elizabeth M. Macpherson, FNP-BC

Nikita Goel, M.D.
Taylor Zuber, M.D.
Ginger E. Smith, P.A.
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Patient Name: _____

Federal Law prohibits this practice from sending you texts or e-mail which are unencrypted or "unsecure." However, many patients find it convenient to communicate with our office by traditional text and/or email. Those modes of communication are generally not considered "secure." Some patients appreciate the trade-off between ease of use/convenience and security. We want to accommodate your preferences. If you would like to communicate with us by "unsecure" text and/or e-mail, please confirm below by providing your authorization. We will keep your preferences in form with no current expiration date until we learn otherwise. Obviously, you can change your mind at any point down the road. Just let us know in writing so we can stay updated with preference(s). If messages are sent through such channels, they may no longer be protected by HIPAA. Finally, whether or not you decide to use e-mail or text messaging, your choice will have no impact on our decision to treat you. We are here for you.

I authorize the practice to communicate with me by "unsecure" text: that text number being:

Phone Number

Signature

I authorize the practice to communicate with me by "unsecure" email: that email address being:

E-mail Address

Signature

I decline the option to be communicated with via "unsecure" text or e-mail.

Signature

Date

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Deductibles, Co-Insurance, and Co-Pays

Your employer group may have elected to offer a health plan that requires you to meet a deductible, pay a co-insurance, or co-pay. If your deductible to maximum out-of-pocket as defined by your benefits has not been met upon our eligibility verification, we will collect these balances at the time of service.

Office Procedures

If you have a deductible for surgery, you may have to pay out-of-pocket for certain minor procedures performed in this office. Your insurance company may define these procedures as "office surgery" and force you to pay that part of the bill. Examples of these procedures include.

1. Destruction of lesions by any method including liquid nitrogen, electro-cauterization, or Canthacar ("beetle juice")
2. Removal of skin tags
3. Biopsy of any method
4. Shave removal of lesions

We do not consider these procedures to be surgery. We bill for these using government-mandated procedure codes. This is usually the only legal way to do it. If your insurance company calls one of these minor procedures "surgery," that is their decision, not a billing choice we make.

Pathology Services

Tissue Samples removed by biopsy, shave removal, or excision will be sent to a Pathology lab. We have no financial relationship with them. If you have questions regarding a Pathology bill you received, please contact the Pathology lab at the number provided on the bill.

Cosmetic Removal of Moles

All moles must now be sent to Pathology, even if removed for cosmetic reasons. This is standard of care. This results in a separate bill from the Pathology lab.

Cosmetic Removal of Skin Tags

Removal of skin tags are considered cosmetic by insurance carriers. If the skin tag is currently showing signs of inflammation, crusting, and/or bleeding, your insurance carrier *may* consider the removal of skin tags medically necessary. The provider will evaluate and determine if the skin tag is cosmetic.