The Austin Diagnostic Clinic Dermatology • 512-901-4054
Jeffrey Boos, MD • Norma Magee, MD • Stacia Miles, MD • Elizabeth Miller, MD
Offices in North and South Austin and Westlake • *ADClinic.com*

ADC DERMATOLOGY PATIENT INFORMATION

Patient Name:___________________________________ **Age**:___________
Referring Physician:______________________________

Reason for Visit:
Reason for visit, location of problem, duration of problem: _______________________________
____
____

Medication Allergies:____

Please circle yes or no for any symptoms you are currently experiencing:
Fever: Yes No
Weight loss: Yes No
Eye tearing/drainage: Yes No

Past Medical History/Family History/ Social History
Place a checkmark in any box that applies to you or your family.

Disease	Yourself	Family	Disease	Yourself	Family
Acne			High cholesterol		
Asthma			High blood pressure		
Seasonal Allergies			Joint replacement (date)		
Eczema			Liver disease/hepatitis		
Bleeding disorder			Lupus or RA		
Depression			Psoriasis		
Diabetes			Skin cancer		
Fever blisters			Melanoma		
Heart or renal transplant			Thyroid disease		
Heart valve replacement			Ulcerative colitis/Crohn's disease		

OTHER: ___________________________________

What is your occupation? ________________________
Do you smoke? Yes No
Do you drink alcohol? Yes No If yes, how often/week? __________
Do you wear sunscreen? Yes No
Have you ever used a tanning bed? Yes No Are you currently using a tanning bed? Yes No

Current Medications, including non-prescription medications and **birth control pills**:
____
____

Preferred contact phone number ______________________ Alternate phone number________________
Is it ok to leave a detailed message at this number? Yes No

Preferred Pharmacy (and cross street)____

Female patients only:
Currently pregnant? Yes No. **If yes, please notify physician verbally at appointment**
Planning pregnancy soon? Yes No
Using contraceptives? Yes No
Breastfeeding? Yes No

Patient signature________________________________ Date___________________
Physician signature______________________________ Date___________________