

Dermatology Associates at Crystal Run

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Name: _____ Date: _____

HISTORY UPDATE

Please describe the reason for today's visit: _____

Are you allergic to any medications Yes _____ No _____ If so, please list and describe reaction.

Have your medications: changed, added, discontinued since your last visit? Yes _____ No _____ Please list:

12 and over. Do you smoke? No Yes Quit

Former Smoker? No Yes

18 years and over. How many times in the past year have you had 5 for men or 4 for women or more drinks in a day?

If you are 65 or older, do you have an Advanced Directive (Living Will)? No Yes

If Yes, who is your Proxy? _____

Are you pregnant? Yes _____ No _____ Breast Feeding? Yes _____ No _____

Do you have any new medical conditions, since your last visit? Yes _____ No _____

Have you been treated for skin cancer, since your last visit? Yes _____ No _____

If yes, what type? Basal Cell Carcinoma Squamous Cell Carcinoma Melanoma

Have you had any surgery, since your last visit? Yes _____ No _____ if so please list:

Date: _____ Type of surgery: _____

Date: _____ Type of surgery: _____

Do we have permission to:

Leave a message on your answering machine at home? Yes _____ No _____ N/A _____

Leave a message at your place of employment? Yes _____ No _____ N/A _____

Send and receive medical information to/from consulting physicians? Yes _____ No _____ N/A _____

May we discuss medical conditions with any member of your household? Yes _____ No _____ N/A _____

If so, with whom: _____

What number should we call with lab results? _____

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HISTORY UPDATE

DATE_____

I _____, DOB _____, I affirm that I have had

no changes in **medications, medical problems, surgeries or allergies** since my last visit.

The Federal Government now requires us to ask our patients these questions every year.

12 yrs. and older: Do you smoke? Yes____ No____

Former smoker? Yes____ No____

18 years and over: How many times in the past year have you had 5 or more drinks in a day (for men) or 4 or more drinks in a day (for women)? _____

If you are 65 or older, do you have an

Advanced Directive (Living Will)? Yes____ No____

If yes, who is your Proxy?

Proxy Name:

Signed_____

Date_____

Printed_____