Date:			DERMATOLOGY NORTHWEST, LLC				
Name:			_ DOB:	Referred by:			
Are you allergic to any medications? 1. 2.		3					
Where did you grow up?							
MEDICAL HISTORY: Do	you or have	you had	any of the f	following?			
Constitutional	Present	Past		Neurologic/Psychiatric	Present	Past	
Chills				Anxiety	7 - 1		
Fatigue				Depressed Mood			
Fever				Memory distrubance			
Weakness				Paralysis			
Weight Gain				Abnormal sensation			
Weight Loss				Seizure like activity			
Skin	Present	Past	4	Self consciousness		701	
Blistering				Suicide ideation	Michael School		
Bruising				Fainting			
Burning				HEENT	Present	Past	
Cold Sores				Blurred Vision			
Dry Lips	No. of the last			Burning Eyes		100	
Dry Skin				Decreased night vision			
Acne		7.		Dry Eyes		A Wall	
Folliculitis	No. To a seri			Nose bleeds	TO DESCRIPTION		
Itching				Glaucoma	1		
Nail Changes				Mouth ulcers		LWI TO SE	
New lesions/growths			6.84	Sore throat	A 555 S.		
Peeling Feet				Styes			
Photosensitivity				Tearing			
Pigment changes	The second			Vision changes			
Rash				Metabolic/Endocrine	Present	Past	
Rosacea				Diabetes			
Eczema				Thyroid abnormalities			
Skin nodules				Excessive hair			
Thinning hair				Musculoskeletal	Present	Past	
Psorasis				Arthritis			
Contact allergies				Rheumatoid arthritis			
Vitiligo		P. Marie		Muscle weakness			
Respiratory	Present	Past		Muscle pain			
Cough				Hematologic	Present	Past	
Shortness of Breath				Abnormal bleeding			
Asthma	大手 三十二十八十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	300 x	Cause .	Anemia	1540		
Wheezing				Blood clots			
Hx of Tuberculosis				Easy bleeding			
Cardiovascular	Present	Past		Easy bruising			
Chest Pain	44 44 11 11			Enlarged lymph nodes			
Edema				Lymphoma			
Irregular heart beat				Immunological	Present	Past	
Congestive heart failure				Hives			
Pacemaker			100	Food allergies			
High blood pressure				Frequent infections			
Heart murmur	Droogst	Doot		Evironmental allergies			
Vascular Povpoud's l	Present	Past		Lupus - Scleroderma			
Raynaud's				Other significant condition			
Varicose veins							

PLEASE SEE BACK

Gastrointestinal	Present	Past		Gastrointestinal	Present	Past
Abdominal pain				Diarrhea		
Heartburn Nausea	100			Hx of Hepatitis Vomitting		
Ivausea				Volimenig		
Genitourinary	Present	Past		Gender specific	Present	Past
Dark urine				Abnormal menses	and the co	
Painful urination				Yeast infection Planning pregnancy		
				Pregnant		
				Hx of STD's	per series	
SCHOOL NO.				E-41-100	0.15	
Family History	2 2	Family Me	ember (mate	ernal/paternal)	Self	
Cancer				(combined to the		
Skin cancer				STATE OF THE STATE		
Diabetes						
Psoriasis				Self English		
Eczema				CSC - PONUS		
tibus un	Please lis	t prior su	rgeries	Wideling Town	Date	
1				Managed Other		
de la serie				Restaurant and a	1	
2				A 000 Clark 5 8 yr 1 6 2 2		
reast, epides				Appears a constraint and		
3				PACTURES TO THE PACTURE OF THE PACTU		
100 PS - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
4				Na pro empresamentos		
				Prenador La como		
5						
THE REPLET						
Habits Ye	es		Yes	Eora Joon	Yes	
Alcohol	Protective s	Protective sun wear		Skin self examination		
Smoking	Sunglasses-Hat			Regular use of sunscreen		
Blistering sunburns		Tanning beds		SPF level		
in the past?						
		Curr	rent Medic	ations		
Medicati	on			Dosage	Times per	day
1				AND THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO SER		A STATE OF
2	77 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Nan in Brailine Selvin		
3				A STATE OF THE STA		
4				PROPERTY AND PROPERTY OF		
5					Action to the second	
6	The second					
7	1. F-75.VQ /s					
8		THE PERSON	E WEST WAY			
	1277		1 1 1 1 1 1 1			
9			1.46% 0			
10			LAKETON.			
10	Autocitismosa		1487.0			
10	Autocif signs					