



Today's Date:

Demographics (1 of 2)

Please fill out the following information listed below. If you have any questions, please see the front desk.

Patient Information:

Name: _____ Date of Birth: _____ Circle One: Male Female

Emergency Contact Information:

Can we discuss your Health Care Information with the person listed below? YES NO

First	M.I.	Last	Relationship	Contact #
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Please list any medical providers you would like to authorize to have access to your medical records.

These records will only be released upon your verbal request. You may revoke this authorization in writing at any time. By completing this section, you are authorizing Goodless Dermatology to release your medical record (including laboratory test results) to the Provider(s) listed.

Primary Care Physician: _____

Phone #: _____

Address: _____

Fax #: _____

Were you referred to our office by a physician? Please circle: YES No

If yes, Referring Physician: _____

Phone #: _____

Address: _____

Fax#: _____



Today's Date:

Demographics (2 of 2)

Patient's Name: _____

Date of Birth: _____

Please answer the following questions.

Social History:

Smoking Status: (Please circle one) Current smoker Former smoker Never smoked

Have you received an influenza immunization? YES NO

Have you received a Pneumonia vaccination? YES NO

Have you received the COVID-19 vaccine? YES NO

If yes, what is the name of the vaccine you received?

Moderna _____ Pfizer _____ J&J _____ Don't know _____

Do you have any of the following, if you do not, please circle none:

Please furnish a copy of legal documents to Goodless Dermatology, if necessary.

None Living Will A Health Care Proxy

Health care proxy name and contact #: _____

Which statement best reflects your wishes on advanced care recommendations?

Please select one of the following:

- Full Code: I wish to have full cardiopulmonary resuscitation efforts to be made.
- Do Not Intubate: I do NOT wish to have a breathing tube, even if it is required for life saving measures.
- Do Not Resuscitate: In the event that my heart was to stop, I do NOT wish to have chest compressions or an automated external defibrillator to restart my heart, even if is required for life saving measures.