

# Dermatology Patient Intake Form

## Personal Information

First Name

Last Name

Date of Birth

Gender

Phone

Email

Address

## Medical History

Do you have any current or previous medical conditions?

Do you have any allergies?

Are you currently taking any medications?

History of skin disease in yourself or family?

## Current Skin Concerns

What is the reason for today's visit?

How long have you had this issue?

Have you tried any treatments so far?