

## MEDICAL INFORMATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: F / M DATE \_\_\_\_\_

REASON FOR YOUR VISIT? \_\_\_\_\_

WHO WERE YOU REFERRED BY? \_\_\_\_\_

LIST ALL MEDICATIONS CURRENTLY TAKING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU OCCASIONALLY TAKE ANY:

MOTRIN/OTHER NSAID \_\_\_\_\_  
ASPIRIN/OTHER BLOOD THINNERS \_\_\_\_\_  
BIRTH CONTROL PILLS \_\_\_\_\_  
ITCHING PILLS \_\_\_\_\_  
ALLERGY PILLS \_\_\_\_\_

LIST ANY ALLERGY TO MEDICATIONS:

\_\_\_\_\_

ARE YOU PREGNANT/NURSING? YES NO  
DO YOU SMOKE CIGARETTES? YES NO  
DO YOU DRINK ALCOHOL? YES NO  
DO YOU HAVE A PRESCRIPTION DRUG  
CARD? YES NO

LIST ANY ALLERGY TO FOODS:

\_\_\_\_\_

DO YOU HAVE ANY OF THESE MEDICAL  
PROBLEMS:

LIST ANY ALLERGY TO CHEMICALS/METALS OR OTHER:

\_\_\_\_\_

REACTIONS TO ANESTHESIA SUCH AS  
LIDOCAINE? \_\_\_\_\_  
ASTHMA OR LUNG DISEASE? \_\_\_\_\_  
DIABETES? \_\_\_\_\_  
HIGH BLOOD PRESSURE? \_\_\_\_\_  
DEPRESSION? \_\_\_\_\_  
THYROID DISEASE? \_\_\_\_\_  
BLEEDING TENDENCY? \_\_\_\_\_  
AIDS/HIV? \_\_\_\_\_  
PACEMAKER? \_\_\_\_\_  
ARTIFICIAL HEART VALVE OR JOINT? \_\_\_\_\_  
HEPATITIS? \_\_\_\_\_

LIST ANY CURRENT MAJOR MEDICAL PROBLEMS:

\_\_\_\_\_  
\_\_\_\_\_

OCCUPATION? \_\_\_\_\_

HAVE YOU EVER HAD A MOLE REMOVED? \_\_\_\_\_ IF YES, WAS IT "NORMAL"? \_\_\_\_\_

HAVE YOU EVER HAD SKIN CANCER? \_\_\_\_\_ IF YES, WHAT KIND? \_\_\_\_\_

HAVE YOU EVER HAD A MELANOMA? \_\_\_\_\_ IF YES, WHEN WAS IT DIAGNOSED? \_\_\_\_\_

HAS ANYONE IN YOUR FAMILY EVER HAD AN ABNORMAL MOLE OR MELANOMA? \_\_\_\_\_ IF YES, WHO? \_\_\_\_\_

DOES ANYONE IN YOUR FAMILY HAVE A SKIN CONDITION (PSORIASIS OR ECZEMA OR OTHER)? \_\_\_\_\_

\_\_\_\_\_

IF YOU ARE IN THE SUN FOR THE FIRST TIME IN THE SUMMER, DO YOU? (ALWAYS BURN) (NEVER TAN) (BURN  
THEN TAN) (GRADUALLY TAN) (TAN EASILY). PLEASE CIRCLE THE ONE THAT BEST DESCRIBES.

# Medicare Cost Report Forms G 2

**LP Steffe**

A red circular graphic with a gradient, appearing as a semi-circle or a partial circle, located to the right of the 'LP Steffe' text.

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