

DERMATOLOGY OF ATHENS

Main Address
2000 Prince Avenue
Athens, GA 30606

1220 Langford Drive
Bldg 100, Suite 103
Watkinsville, GA 30677

Name: _____ Date Of Birth: _____

Review Of Medical Issues (please circle all that apply)

Problems with bleeding	Abdominal pain
Problems with healing	Bloody stool
Problems with scarring (hypertrophic or keloid)	Bloody urine
Rash	Joint aches
Immunosuppression	Muscle weakness
Hay fever	Neck stiffness
Chest pain	Headaches
Fever or chills	Seizures
Night sweats	Cough
Unintentional weight loss	Shortness of breath
Thyroid problems	Wheezing
Sore throat	Anxiety
Blurry vision	Depression

Alerts (please circle all that apply)

Allergy to adhesive	Defibrillator
Allergy to Lidocaine	MRSA
Allergy to topical antibiotic ointments	Pacemaker
Artificial heart valve	Premedication prior to procedures
Artificial joints within past two years	Rapid heart beat with epinephrine
Blood thinners	Pregnancy or planning a pregnancy

Date: _____ Signature: _____