

Patient Intake form for Dr. Lemckert

CUTIS



Name: _____ Date: _____

Have you seen Dr. Lemckert before? Yes No If yes, when ___/___/___
DD MM YY

Are you here for the same problem? Yes No

Present ENT problem: _____

How long have you had the problem? _____

What aggravates this condition? _____

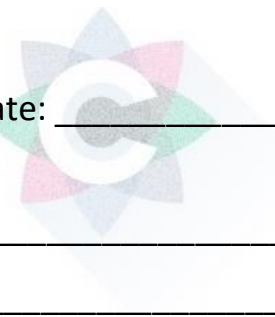
What prescribed treatments by your doctor have you followed?

What over the counter or alternative treatments have you tried?

Have you had any related testing or diagnostics done (e.g. hearing test, CT scan, X-Ray, biopsy bloodwork, etc.)?

Past/Present Medical Problems: Diabetes Lungs Heart Circulation
 Kidneys Liver

Specify/Other: _____



Name: _____

Past surgeries: _____

Current Medications: (include ASA, vitamins, etc.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Drug Allergies: _____

Food/Environmental Allergies: _____

We understand that you are here for a medical appointment. While we are medical experts in Dermatology and Otolaryngology (head and neck surgery), we are also cosmetic and skin care experts with a combined experience exceeding 40 years.

If your present concern cannot be treated with prescriptions, etc. alone (such as moles, brown spots, rosacea and wrinkles) and requires laser or other treatment modalities not covered by OHIP, are you willing to speak to one of our Nurses or Aestheticians about these options? Yes No

Your concern today: _____

Disclaimer: Please keep in mind that we do have a commitment to every patient with an appointment today and therefore we cannot exceed the allotted time. We will gladly set aside more time for you on another day if necessary.