

The Monarch Center North County Dermatology Clinic

Timothy E. Knight, M.D.



Patient's Name _____ Birthdate _____

Primary Care Doctor's Name: _____

Office Location: _____

Preferred Pharmacy: _____ Location: _____

Referred by: Primary Doctor Friend/Relative Internet Insurance

WHAT IS THE MAIN REASON FOR TODAY'S APPOINTMENT?

About how long have you had this issue: ___ Day(s) ___ Week(s) ___ Month(s) ___ Year(s)

What treatment(s) are you currently using? (Prescription(s)/over the counter) _____

Dermatology History: *Please circle all that apply*

• Pre-cancers (actinic keratoses)? No Yes Precancerous moles (dysplastic) No Yes

• Skin Cancer? No Yes

• Basal Cell Squamous Cell Malignant Melanoma Other _____

• What year? _____ Location on body: _____ Treated by: _____

• Do you have a family history of Malignant Melanoma? No Yes

Which Relative(s)? _____

Have you ever been diagnosed with any dermatology condition? No Yes

Psoriasis Eczema Acne Rosacea Warts Hyperhidrosis (excess sweating)

Other _____

Current Medications: (or provide a list to the nurse....dose and frequency not needed)

1)	4)	7)
2)	5)	8)
3)	6)	9)

Allergies: Latex Anesthetic Adhesives Other _____

Other allergies to medications: _____

TURN OVER →

Medical History:

- **Do you have a bleeding disorder?** No Yes Which one _____
- **Do you take a blood thinner?** No Yes Aspirin Warfarin/Coumadin Plavix Eliquis Xarelto (rivaroxaban)
- **Do you have any infectious diseases?** No Yes ___ Hepatitis ___ HIV/AIDS ___ TB Other: _____
- **List current medical conditions:**

- **Are you in a nursing home:** No Yes **Are you on Hospice?** No Yes Diagnosis: _____

Females of child bearing age: Are you pregnant: No Yes Planning a pregnancy? No Yes
Currently Breastfeeding? No Yes Birth Control method(s)? _____

Surgical History: *circle all that apply*

Colon surgery	Hysterectomy	Pacemaker
Joint replacement, knee	Defibrillator	Heart valve replacement
Joint replacement, hip	Hysterectomy	Coronary bypass
Other:		

Social History:

- Smoking history: Never smoked Former smoker Current smoker
- Alcohol Use: Never Less than 1-2 drink/day 3 or more/day
- Do you use a tanning salon? No Yes Have you in the past? No Yes
- Do you use a sunscreen regularly? No Yes

Are you interested in any cosmetic services?

Laser hair removal	Chemical Peels	Microneedling	IPL/BBL Photofacial	
Laser resurfacing/rejuvenation	Botox	Fillers	Laser tattoo removal	Laser Rejuvenation
Skin care consultation	Skin care products	Permanent makeup	Other _____	

Our providers include:

1. Timothy Knight, M.D., Board Certified Dermatologist
2. Physician Assistants-- Certified: Male or Female

Unless you circle a preference above, the first available provider will perform your exam and treatments. Please let the receptionist know your preference and will try to accommodate you.