



Rady Children's Hospital San Diego
 3020 Children's Way
 San Diego, CA 92123-4282



DTF1344

PATIENT INFORMATION

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Name: _____
 MR#: _____ Finance: _____
 DOB: _____
 MD: _____

DERMATOLOGY – Health History Return Visit

What is your child's main skin concern today? _____
 Present Treatment: _____
 _____ Did it help? _____
 Any other skin problems that need to be addressed today? No Yes _____

Any new health problems? No Yes _____
 Any recent surgeries or hospitalizations? No Yes _____
 Please List Current/Other Medications: _____

 Allergies (foods/drugs)? No Yes _____
 Is your child routinely exposed to smoke? No Yes
 Are your child's immunizations up to date? Yes No
 Any recent changes in family history? No Yes _____

ACTIVE MEDICAL PROBLEMS & SYSTEM REVIEW	SOCIAL HISTORY	
	No	Yes
Unintended Weight Change		
Recent Fever		
Eye Problems		
Skin cancer / melanoma		
Headaches		
Epilepsy / Seizure Disorder		
Psychiatric Problems		
Ear / Nose / Throat Problems		
Heart Problems		
Breathing difficulties		
Stomach pain, vomiting, diarrhea		
Muscle aches / weakness		
Bladder Problems		
Problems with diabetes, thyroid, hormones		
Other:		

Form completed by: _____ Patient / Parent / Other
 Staff (MA, RN, Other): _____ Med Student/Resident/Fellow: _____

Health History Reviewed by physician: Signature: _____ Date: _____
 (Lawrence Eichenfield, MD / Sheila Friedlander, MD / Magdalene Dohil, MD / Victoria Barrio, MD / Wynnis Tom, MD / Andrew Krakowski, MD / Lauren Bennett, PA-C / Melinda Ly, PNP)