DGC
DERMATOLOGISTS OF GREATER COLUMBUS
Dublin • Grove City • Upper Arlington
Washington Court House
Board Certified Dermatologists

Dermatologists of Greater Columbus Annual Patient Update Form

Patient Name	**Date of Birth / /**	**Marital Status S M D W**
Cell Phone	**Home Phone**	**Email**

May we leave a message regarding test results, appointments, scheduling and/or billing matters? ❑ Cell ❑ Home ❑ No

If you are not available may we leave information with a spouse, relative or another person? ❑ Yes ❑ No (if yes list below)

Name	**Relationship**	**Phone**

*Please note that if you answer no to the above question, we may leave a message for you to return our phone call

*If you do not list anyone on the line above, our staff will be unable to discuss any matter (medical care or billing) with anyone other than the patient (excluding minors)

Preferred method of Contact ❑ Cell ❑ Home ❑ Email ❑ Mail	Text message reminders can be sent : Text DSWO to 622622

Gender M F	**Language**	**Race**	**Ethnicity**

Please verify your home address to make sure we have the most up to date information or write it below if it has changed

Address:

Occupation:

Medical Information

Pharmacy (please list the name and the location):

Medication Allergies:

New Health Problems and New Surgeries: (include dates):

New Family History of Skin Cancer:

Tobacco Use: (please circle one) Never Smoker Former Smoker Current Smoker Pack/day _____

Alcohol Use: (please circle one) None Less than 1 drink/day 1-2 drinks/day 3 or more drinks/day

Have you ever felt you should cut down on your drinking? ❑ Yes ❑ No
Have people annoyed you by criticizing your drinking? ❑ Yes ❑ No
Have you ever felt bad or guilty about your drinking? ❑ Yes ❑ No
Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? ❑ Yes ❑ No

Have you received your pneumonia vaccine? ❑ Yes ❑ No
Have you received your flu vaccination this year? ❑ Yes ❑ No

Current Medication List

Medication Name	Dosage	Frequency	Route

Responsible Party Signature: _____ Date: _____