REBECCA M. JONES, M.D., LLC

NAME: ______________________________________ NICK NAME ________________

MAILING ADDRESS _______________________ TOWN ________________ ZIP ________

PHONE # ___________________ CELL #_____________DOB __________ MALE __ FEMALE __

EMPLOYMENT ____________________________ PHONE # ______________ ok to call___

PRIMARY PHYSCIAN NAME ____

ADDRESS ____________________________________ PHONE # ________________

PHARMACY NAME __________________________ PHONE #/TOWN ________________

INSURANCE:

PRIMARY______________________________(**SECONDARY**________________________)

PLEASE LIST ALL MEDICATIONS THAT YOU TAKE (INCLUDING ALL HERBAL AND OVER THE COUNTER)

________________ ______________ ________________ ________________

________________ ______________ ________________ ________________

________________ ______________ ________________ ________________

*SURGICAL PROCEDURES YOU HAVE HAD ____

*LIST ANY DISEASES OR MEDICAL CONDITIONS___________________________________

ALLERGIES TO MEDICATIONS (Name) ______________________________________

DO YOU OR ANY IMMEDIATE FAMILY MEMBERS HAVE A HISTORY OF:

*MELANOMA __YES __NO IF YES, WHOM? _______________________________________

* BASAL CELL OR SQUAMOUS CELL SKIN CANCER __ YES __ NO IF YES, WHOM? ______________

OTHER SKIN DISEASES? (PLEASE LIST) ______________________________________

____

HAVE YOU EXPERIENCED 5 OR MORE BLISTERING SUNBURNS? __ YES __ NO

HAVE YOU EVERY USED A TANNING BED? __ YES __ NO

DID YOU SPEND THE 1ST 20 YEARS OF LIFE IN A TROPICAL ENVIRONMENT? __ YES __ NO

PLEASE CHECK ALL THAT APPLY TO YOU:

PSORIASIS YOU ___FAMILY___ THYROID DISEASE__ ARTIFICIAL JOINT/HEART VALVE__

ECZEMA YOU ___ FAMILY ___ ASTHMA __ STOMACH/BOWEL PROBLEMS __

DIABETES ___ HEART DISEASE __ ALCOHOL OVERUSE __ GLAUCOMA__

CANCER (TYPE(s)) ____

PACEMAKER___ SEIZURES__ FAINTING__ HIV/ AIDS__ HEPATITIS__

ANY OTHER MEDICAL INFORMATION YOU SHOULD SHARE WITH US:

PATIENT SIGNATURE ______________________________ DATE ________________

or (**PARENT/ GUARDIAN'S**)