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DERMATOLOGY – DERMATOPATHOLOGY – DERMATOLOGICAL SURGERY – COSMETIC AND LASER SURGERY  
MOHS MICROGRAPHIC SURGERY – SPECIALIZING IN ACNE TREATMENT

PLEASE PRINT

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ M / F Birthdate \_\_\_\_\_  
(LAST) (FIRST)

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_  
(CITY) Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Employed by \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_  
\_\_\_\_\_

Name of Responsible Party for Minor \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Spouse (husband/ wife) \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Spouse Employed by \_\_\_\_\_

Employer's Address \_\_\_\_\_

Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Referred by: \_\_\_\_\_

Name and Address of Closest Relative (other than husband/ wife) (in case of emergency)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

MEDICARE NUMBER \_\_\_\_\_

Date/initials for verification of patient information

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STATEMENT OF OFFICE POLICY REGARDING FEES AND INSURANCE

It is customary to pay for services when rendered unless arrangements are made in advance. Charges incurred for medical treatment including laboratory tests and pathology fees are payable to Dr. Ulmer.

As the responsible party, I assume full liability for medical bills in this office and further understand that payment of said bills will not be contingent upon any insurance coverage I have. Dr. Ulmer, Dr. Lee and Dr. Gabriel are considered out of network providers for all insurance plans. Ulmer Dermatology will provide you with an itemized claim form that you may submit to your insurance company for reimbursement dependent upon your specific plan. Account balances that become 90 days past due will incur a monthly 1.5% finance charge until paid in full. All returned checks will be subject to a \$25.00 fee per occurrence. **Cancellations made with less than 24 hours notice will be subject to a \$50-\$150 cancellation fee.**

Please feel free to discuss fees with Dr. Ulmer, Dr. Lee or Dr. Gabriel prior to any treatment or service.

I have read, understand, and agree to the above policy regarding fees, insurance and cancellations.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Print Name \_\_\_\_\_

## MEDICAL HISTORY

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Age \_\_\_\_\_ Referred by \_\_\_\_\_

Reason for visit (area to be treated) \_\_\_\_\_

What medications are you taking (including aspirin)? \_\_\_\_\_

Allergies: \_\_\_\_\_

Are you taking any herbal preparations? (**St. John's Wort**, etc.)  Yes  No

If yes, list: \_\_\_\_\_

Have you ever had the following? Check Response.

- Current or history of cancer, especially malignant melanoma, other skin cancers, or pre-cancerous lesions.
- Any active infection.
- History of herpes simplex, cold sores, fever blisters, systemic lupus erythematosus, or Porphyria.
- Use of photosensitive medication and/or herbs that may cause sensitivity to light exposure, such as isotretinoin (Accutane), tetracycline, or St. John's Wort.
- Immunosuppressive diseases, including AIDS and HIV infection, or use of immunosuppressive medications like prednisone, cydosporin, and imuran.
- History of hormonal or endocrine disorders, such as polycystic ovary syndrome or diabetes, unless under control.
- History of bleeding disorders, or use of anticoagulants or blood thinners.
- History of keloid scarring.
- Exposure to sun or artificial tanning during the 3-4 weeks prior to treatment.

Are you pregnant?  Yes  No

Do you wear contact lenses?  Yes  No

Skin type (when exposed to the sun without protection for about 1 hour):

- I. always burns, never tans
- II. always burns, sometimes tans
- III. sometimes burns, sometimes tans
- IV. always tans
- V. Hispanic, Asian, Mediterranean, Middle Eastern
- VI. Black

When were you last exposed to the sun (including tanning booth)?

Do you use chemical sun-tanning lotions?  Yes  No

Have you ever had skin resurfacing or Photorejuvenation before?  Yes  No

Have you ever had treatments for pigmented lesions?  Yes  No

Have you ever used Retin-A?  Yes  No

Have you ever used Hydroquinone (Bleaching Cream)?  Yes  No

Prior treatment (if any): \_\_\_\_\_