

Name:	DOB:	MRN:
Pharmacy:	City/ Zip code:	PCP/Referring Provider:

Past Medical History: (circle below for new pts/changes) or (circle): **Reviewed in EMR w/No Changes**

NONE	Coronary Artery Disease	High Cholesterol
Anxiety	Depression	Thyroid Problems
Arthritis	Diabetes	Leukemia
Asthma	End Stage Renal Disease	Lung Cancer
Atrial fibrillation	GERD	Lymphoma
Bone Marrow Transplantation	Hearing Loss	Prostate Cancer
Breast Cancer	Hepatitis	Radiation Treatment
Colon Cancer	High Blood pressure	Seizures
COPD	HIV/AIDS	Stroke
Other _____		

Past Surgical History (list below) or (circle): **Reviewed in EMR w/No Changes** **No Past Surgical History**

Skin Disease History: (circle for new pts/changes) or (circle): **Reviewed in EMR w/No Changes**

NONE	Eczema	History of Skin Cancer:
Acne	Flaking or Itchy Scalp	Basal Cell Skin Cancer
Actinic Keratoses	Hay Fever/Allergies	Squamous Cell Skin Cancer
Asthma	Poison Ivy	Melanoma
Blistering Sunburns	Precancerous Moles	
Dry Skin	Psoriasis	

Other _____

Do you wear Sunscreen? Yes No If yes, what SPF? _____ Do you tan in a tanning salon? Yes No

Medications: (list all current medications) or (circle): **Reviewed in EMR w/No Changes**

Allergies: (list below for new pts/changes) or (circle): **Reviewed w/No Changes**

Family History: (list pertinent history for first degree relatives) or (circle): **Reviewed w/No Changes**

Patient Pharmacy (name, street, city): _____

Forefront Dermatology – Office Visit Note

Pt Name: _____

Visit Date: _____

MRN/ID#: _____

Home Clinic: _____

Referred By: _____

CC/HPI:	1	2	3
CC			
Location			
Duration			
Symptoms			
Severity			
Modifying Factors			
Treatment			

ROS:														
Symptom	No	Yes	Symptom	No	Yes	Symptom	No	Yes	Symptom	No	Yes	Symptom	No	Yes
Fatigue			Changing Moles			Easy Bruising			Muscle Aches			Immunosuppressed		
Fever			Rash			Easy Bleeding			Abdominal Pain			Menses Normal		
Weight Loss			New Lesions / Growths			Enlarged Lymph Nodes			Nausea			Pregnant/Planning Pregnancy		
Headaches			Using Sunscreen			Joint Pain			Diarrhea			Using Birth Control		

Other ROS: _____

Exam:			
	Body Area	Normal	Finding
1	Hair/scalp		
2	Head/face		
3	Eyelids/ conjunctivae		
4	Lips		
5	Neck		
6	Chest/axillae		
7	Abdomen		
8	Back		
9	R upper extremity		
10	L upper extremity		
11	R lower extremity		
12	L lower extremity		
13	Digits/nails		
14	Genitalia/groin/ buttocks		
15	Lymph nodes (List)		
16	Vitals (Document results)		
17	Gen appearance		
18	Mood/Affect		
19	A&O x 3		

Assessment:	ICD-10 Code:	Plan:
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Follow-up in _____ Wk(s) / Mo(s) / Yr(s)

Patient/Parent/Legal guardian verbally consented to the patient's Telehealth audio/visual encounter. Audio/visual encounter was performed under the COVID-19 related Public Health Emergency guidelines. The side effects, risks and benefits of treatment were discussed.

Physician/PA/NP Signature and Date

E&M Visit Code (circle one):

99201 / 99202 / 99203 / 99212 / 99213 / 99214 / Cash New / Cash Est

Print Name

