

Chart # _____

For office use only			
	Lu	Mike	Shelley
1. New pt with a biopsy:			yes / NA
a. pt informed of biopsy/noted on path			yes / no
b. PCP / referring MD send/fax report			yes / no
c. biopsy logged and pt informed			yes / no
2. Melanoma new? Letter to PCP/surgeon			yes / no / NA
3. Melanoma hx, no sympt. Imaging:			no / NA
4. Melanoma hx: recall/blue card			yes / no / NA
5. Psoriasis: biologic + TB test			yes / no / NA
6. Psoriasis: biologic/oral, improvement in psoriasis score since treatment			yes / no / NA

Dermatology East

Name _____ Age _____ Birth Day _____ Date _____

As part of the government recommendations for quality and improvement please answer the following questions. Please circle. Thanks.

1. Is this your first visit to our office? If no please go to question #2.

 a. If this is your first visit to the office and a skin biopsy is necessary, may we send your pathology report to your referring / primary care physician?

Physician's Name: _____
Physicians phone number: _____

2. Do you have a history of melanoma skin cancer? If no go to question #4.

 a. If yes answer below.

Do you have any bumps or black/brown color in the excision/scar of the melanoma?

Noticed any swollen lymph nodes (knots) under the arms, groin or neck?

Any unexplained bone pain, shortness of breath, yellowing of skin, severe headaches?

3. Do you have psoriasis of your skin and is your psoriasis being treated with biologics/shots? Circle which one: Enbrel, Humira, Stelara, Cosyntex, Taltz

If so have you had a TB:tuberculosis skin test in the last year? Date: _____

4. Do you have psoriasis and are on a biologic/shot or pill (Otezla, methotrexate, Soriatane)?
If yes, please ask for the quality of life questionnaire form from staff.