

Chart # _____

For office use only		
Office Visit	yes / no	Lu Mike Shelley
1. New pt with a biopsy:		yes / NA
a. pt informed of biopsy/noted on path		yes
b. PCP / referring MD fax path or letter		yes
2. Psoriasis: biologic + TB test (yearly)		yes / NA
3. Psoriasis: biologic/oral (every 6 months)		
QLQ < 6 or BSA < 3, if not pt declined change or no alt trx		yes / NA
4. Psoriatic arthritis screening form filled out		yes / NA
5. History of melanoma with blue recall card		yes
a. Is recall date updated?		yes
6. New melanoma.		yes / no
a. Letter sent to PCP?		yes

Dermatology East

Name Age Birth Day Date

Please write the name of your insurance carrier:

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 psoriasis of your skin? If yes please answer the questions below. If no go to #3.

(a) If your psoriasis is being treated with biologics/shots?

Chose which one:

Have you had a TB:tuberculosis skin test in the last year? Date:

(b) If your psoriasis is being treated with a biologic injection or pill (Otezla, methotrexate, Soriatane) please ask for the quality of life questionnaire form from staff.

(c) Please ask the front desk for the arthritis screening form for psoriatic arthritis?

3. Do you have a history of melanoma skin cancer?

Please return to front desk. Thanks