

## KUFLIK DERMATOLOGY CENTER

453 Lakehurst Rd  
Toms River, NJ 08755

150 E Kennedy Blvd.  
Lakewood, NJ 08701

63 D Lacey Rd  
Whiting, NJ 08759

2130 Rt 35 Ste A-113  
Sea Girt, NJ 08750

1172A Beacon Ave  
Manahawkin, NJ 08050

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication Allergies and reaction:** \_\_\_\_\_

Have you taken any Aspirin, Plavix, Coumadin, Pradaxa, Eliquis, Xarelto, Motrin, Advil, Fish Oil, or other pain relievers or arthritis medications in the last 2 weeks?

NO \_\_\_\_ YES \_\_\_\_ Please List: \_\_\_\_\_

**(1- current medications documented)**

**(For office use only)**

NAME OF MEDICATION (PRESCRIPTION AND/OR OTC)	DOSAGE	TIMES PER DAY	METHOD OF ADMINISTRATION	REVIEWED & UPDATED DATE AND INITIAL

**All Patients**

**All Patients 12 and older**

Have you received the flu vaccine this year?

- Yes (2)
- No (Reason: \_\_\_\_\_) (3)

Tobacco Use:

- Non-Smoker (9) – 20 and younger-10)
- Smoker (11) – 20 and younger-12)

Do you have a history of Melanoma?

- Yes (4 and 5) (**not** Basal or Squamous Cell)
- No (6)

**Patients 65 and older**

Do you have an Advance Care Plan/Directive?

- Yes (13) If yes, please name your Surrogate Decision Maker: \_\_\_\_\_
- Decline to answer (14)

Are you on a biologic for a skin related condition? (ex: Stelara/Humira)

- Yes (7)
- No (8)

Have you **EVER** received the pneumonia vaccine?

- Yes (15)
- No (16)

When did you last see your PCP? (primary Dr.)

\_\_\_\_\_

(Staff Use Only) Reviewed with patient: \_\_\_\_\_