

# 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<br>(PRESCRIPTION AND/OR OTC) | DOSAGE | TIMES<br>PER DAY | METHOD OF<br>ADMINISTRATION | REVIEWED &<br>UPDATED DATE AND<br>INITIAL |
|---|--------|------------------|-----------------------------|---|
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|   |        |                  |                             |   |

## All Patients

Have you received the flu vaccine this year?

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

Do you have a history of Melanoma?

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

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

- Yes (7)
- No (8)

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

## All Patients 12 and older

Tobacco Use:

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

## 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)

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

- Yes (15)
- No (16)

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