

Dermatology Consultants at Newton-Wellesley, PC

David A. Jones, M.D., Ph.D.
Chief of Dermatology
Newton-Wellesley Hospital

Jessica Jheesun Scanlon M.D.
Division of Dermatology
Newton-Wellesley Hospital

Name: _____ M / F Date of Birth: _____

Reason(s) for visit: _____

Have you ever been diagnosed with skin cancer? Yes No Abnormal moles? Yes No
Eczema? Yes No Psoriasis? Yes No

If yes, types and locations: _____

Anyone in your immediate family with melanoma? Yes No

Current or past medications for skin problems: _____

If not already in the Partners computer system, please list current medications for other conditions:

Please list any medication allergies: _____

Do you take antibiotics for dental/surgical procedures? Yes No

Have you ever had a complete skin exam by a physician? Yes No

What is your occupation? _____

For Women: Are you pregnant? Yes No Nursing? Yes No

This form was completed by: Patient Parent or guardian Medical assistant

Please Sign here: _____ Date _____