



Cooper Center for Dermatologic Surgery • 10,000 Sagemore Drive, Suite 10,103, Marlton, NJ 08053

Patient Information

Name (First/Last):		
Nickname:		
Address:		
City	State	Zip
Birth date:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female SS#
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce <input type="checkbox"/> Separated		
Home Phone		Work Phone
Alternate Phone		E-mail address
Reminder calls: <input type="checkbox"/> Home # <input type="checkbox"/> Alternate #		
Can we leave a message on your home phone? <input type="checkbox"/> Yes <input type="checkbox"/> No Work phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethnicity	Race	Religion
Primary Language:		
Occupation:		
Employed by:		
Employer's Address:		
City:	State:	Zip:
REFERRING PHYSICIAN:		Phone:
Address:		
PRIMARY PHYSICIAN:		Phone:
Address:		
Pharmacy Name:		Phone:
PERSON TO NOTIFY IN CASE OF EMERGENCY:		Cell:
Relation:		Phone:
NEXT OF KIN:		
Relationship:		Phone:
Can we leave a message with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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Name:	Date of Birth:
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Dear Patient:

Due to HIPAA regulations, we cannot discuss your care with another person unless authorized by your and/or unless it is a medical provider involved with continuation of your care. If there is a family member or friend that you are authorizing us to discuss information to and or discuss your care with, please list their names below.

Name:	Phone:
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Name:	Phone:
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Name:	Phone:
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Patient Signature:	Date:	Time:
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Insurance Information

PRIMARY INSURANCE Company Name:		
Address:		
City:	State:	Zip Code:
Phone number:		
Policy Holders Name:		
Policy Holders Date of Birth:		
Group #:	ID#:	
Effective Date:		

SECONDARY INSURANCE Company Name:		
Address:		
City:	State:	Zip Code:
Phone number:		
Policy Holders Name:		
Policy Holders Date of Birth:		
Group #:	ID#:	
Effective Date:		



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Patient Questionnaire

Name: Date of Birth:

CHECK ONE ANSWER IN EACH OF THE FOLLOWING GROUPS:

Sex: Male: Female:

Original hair color: Brown Black Red Blonde

Eye Color: Blue Brown Green Hazel

Complexion: Light Medium Dark

Tanning Ability: Poor Good Excellent

Primary Ancestry: 1. Asian 2. African American 3. Spanish 4. Central European (French, German, etc.) 5. Scandinavian (Swedish, Norwegian, etc.) 6. English (Irish, Scottish, etc.) 7. Middle East (Iranian, Egyptian, etc.); 8. Far East (Pakistan, Indian, etc.) 9. Other

Family history of skin cancer? Yes No

Previous skin cancer? Yes No

Have you ever been tested for HIV? Yes No

If yes, results:

PLEASE CHECK ONE SKIN TYPE:

- I. White (Always burn, never tan)
II. White (Usually burn, tan with difficulty)
III. White (Sometimes mild burn, tan average)
IV. Moderate brown (Rarely burn, tan with ease)
V. Dark brown (Very rarely burn, tan very easily)
VI. Black (No burn, always tan)

Have you have all your immunizations? Yes No

Smoker? Yes No

Alcohol Use? Social Daily None

I hereby authorize the Center for Dermatologic Surgery to release, and request, to my insurance company, other physicians, or laboratories any information including diagnosis and the records of any treatment or examination rendered to me during the period of such medical or surgical care. I also authorize payment of medical benefits to the physician and faculty.

Signature: Date:



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Name:

Date of Birth:

PLEASE ANSWER THESE QUESTIONS:

1. Has the lesion you are here for ever been treated other than the biopsy? (Frozen, prescription creams, scraped and burned, etc.)

2. How long has this lesion been there?

3. Has it changed in shape, size or color?

4. Describe this lesion. Color:

Size:

5. Does the lesion bleed?

6. Is it painful? Yes No **Is it crusted?** Yes No

7. Can you point out this lesion? Yes No

8. Was a photo taken when biopsied? Yes No

9. Do you have a history of skin cancer? Yes No



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Medical History

Phone consult date:

Name: _____ Date of Birth: _____

Allergies to medication: _____

Allergies other: _____

Heart disease (heart attack, mitral valve prolapse): _____

DISEASES – Conditions we need to be aware of (please X yes or no):

- Hypertension:** Yes No
- Controlled:** Yes No
- Diabetes:** Yes No
- Hepatitis:** Yes No
- Leukemia:** Yes No
- Kidney problems:** Yes No
- MRSA or Staph:** Yes No

Other: _____

Bleeding tendency: _____

Prosthesis (knee joint, hip replacement, pacemaker, defibrillator): _____

Prescription/Over the counter drugs: _____

Vitamin supplements: _____

Herbal products: _____

Please list name and address of any other specialists you see:

TO BE COMPLETED BY STAFF:

Biopsy date: _____ Location: _____ DX _____



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Directions to The Center for Dermatologic Surgery
10,000 Sagemore Drive, Suite 10,103, Marlton, NJ 08053

From points South and East of our office: Garden State Parkway North to the Atlantic City Expressway, West. Exit at Route 73 North (Winslow, Berlin). Follow 73 North through Winslow Township, Berlin and Voorhees into Marlton. All the traffic lights have the cross street names hanging from them. You want Marlton Parkway, which is a right hand turn. Once on Marlton Parkway, make the very first right hand turn, look straight ahead, and you will see the two-story 10,000 building (Wells Fargo/QED building). Follow the drive around and make a right to enter the parking area for this building. You may park on either side of the building, we are on the first floor, Suite 10,103.

From points West, and North of our office: Take 295 to Exit 36A which is Route 73 South, Marlton. Continue down 73 South for 4-5 miles. You will come to the intersection of Route 70 and 73 (two four lane highway). Follow 73 South, once you clear the intersection of Routes 70 and 73. On the third light on the far right hand corner is Bradley Funeral Home. On the far left hand corner is a three story brick office building—we are in this complex. Go through this third light, and take the jug handle around the funeral home—cross Route 73. Once you cross 73, make the very first right hand turn, look straight ahead, and you will see the two story 10,000 building (Wells Fargo/QED building). Follow the drive around and make a right to enter the parking area for this building. You may park on either side of the building, we are on the first floor, Suite 10,103.

Locally from the West: Take Evesham Road to Route 73, cross Route 73. Once you cross 73, make the very first right hand turn, look straight ahead, and you will see the two-story 10,000 building (Wells Fargo/QED building). Follow the drive around and make a right to enter the parking area for this building. You may park on either side of the building, we are on the first floor, Suite 10,103.

From Marlton Parkway: Make a left onto Sagemor Drive, drive past the three-story building on the right, then make a right into the “Sagemore Corporate Center”. The 10,000 building will be on the left.

Cooper

Dermatologic Surgery

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