LARA KELLEY, M.D.
3401 PGA Blvd., Suite 420
Palm Beach Gardens, Florida 33410
Phone: 561-471-1808

Name_____ Date_____

Local Address_____

Local City, State, Zip Code_____

Seasonal Address_____

Seasonal City, State, Zip Code_____

SS#_____ Date of Birth_____ Age_____

Circle One – Male / Female

Circle One – Caucasian / African American / Asian / Native American / Hispanic

Email_____

Primary Telephone Number with area code_____

Secondary Telephone Number with area code_____

Who referred you to our office?_____

Primary Care Physician_____ Phone #_____

Employer_____ Phone #_____

Spouse Name_____ Phone #_____

Emergency Contact Name_____ Phone #_____

Pharmacy Name_____ Phone #_____

Pharmacy Street Address with Crossroads_____

Have you had Mohs surgery before?_____ What area of the body?_____

Past Medical History: please circle all that apply

Anxiety	Diabetes	Hyperthyroidism / Hypothyroidism
Arthritis	Lung Cancer	Leukemia
Atrial Fibrillation	End Stage Renal Disease	Lymphoma
Bone Marrow Transplant	GERD	Prostate Cancer
Breast Cancer	Hearing Loss	Radiation Treatment
Colon Cancer	Hepatitis – What type ?	Seizures
COPD	High Blood Pressure	Stroke
Coronary Artery Disease	HIV/AIDS	Heart Attack
Depression	High Cholesterol	Other:

Past Surgical History: please circle all that apply

Appendix Removed	Kidney Biopsy
Bladder Removed	Kidney Removed - right / left
Mastectomy - right / left / bilateral	Kidney Stone Removal
Lumpectomy - right / left / bilateral	Kidney Transplant
Breast Biopsy / Breast Implants	Endometriosis
Colon Cancer Resection	Ovarian Cancer
Diverticulitis / IBD	Prostate Cancer / Prostate Biopsy
Gallbladder Removed	Transurethral resection of the prostate (TURP)
Coronary Artery Bypass	Spleen Removed
Heart Valve Replacement – Mechanical / Tissue	Testicle Removed (right / left / bilateral)
Heart Transplant	Hysterectomy
Joint Replacement - Knee / right / left / bilateral	Uterine Cancer
Joint Replacement - Hip / right / left / bilateral	Other:

Skin Disease History: please circle all that apply

Acne	Dry Skin
Actinic Keratosis	Eczema / Psoriasis
Basal Cell Cancer	Seborrheic Keratosis
Squamous Cell Cancer	Seborrheic Dermatitis
Melanoma	Blistering Sunburns

Do you use sunscreen? YES / NO SPF#_____

Family History of Melanoma? YES / NO Who in the family? _____

MEDICATIONS: **PLEASE INCLUDE DOSAGE AND FREQUENCY:**

_____

_____

_____

ALLERGIES:

_____

_____

Immunization History:

Have you had the flu vaccine this flu season?	**If 65 and older, have you had a pneumonia vaccine?**
YES / NO **If no, please circle a reason:** Allergic / Refused / Does not get flu vaccines / Other	YES / NO

Social History: please circle all that apply

Current Some Day Smoker	Alcohol Use: none
Current Every Day Smoker	Alcohol Use: less than one drink daily
Former Smoker	Alcohol Use: 1 - 2 drinks daily
Never Smoked	Alcohol Use: 3 or more drinks daily

Men: How many times in the past year have you had 5 or more drinks a day?_____

Women: How many times in the past year have you had 4 or more drinks in a day?_____

Review of Systems: please circle all that apply

Bleeding Problem	Fever / Chills
Healing Problem	Weight Loss
Scarring Problem	Cough
Rash	Shortness of Breath
Immunosuppressed	Anxiety
Chest Pain	Other:

ALERTS: **please circle all that apply**

Allergy to Adhesive	Defibrillator
Allergy to Lidocaine	MRSA
Allergy to Topical Antibiotics	Pacemaker
Artificial Heart Valve	Rapid Heartbeat with Epinephrine
Blood Thinners	Pre-medication prior to Surgical Procedures
Joint Replacement	Pregnant

Advance Care Plan: If 65 and older, please complete all that apply

Do you have a health care proxy in the event you are unable to make your own medical decisions?	YES / NO
Designee's Name:	Designee's Phone #:
Do you have a living will?	YES / NO

Please select which statement(s) best reflects your wishes on advanced care recommendations?

- Do Not Intubate: I do not wish to have a breathing tube, even if it is necessary to save my life.
- Do Not Resuscitate: If my heart were to stop, I do not wish to have chest compressions or an automated external defibrillator to restart my heart, even if it is necessary to save my life.
- Full Cardiopulmonary Resuscitation: I want full cardiopulmonary resuscitation efforts to be made.