

Pre-Op Needs

****PLEASE READ THIS LIST IN ITS ENTIRETY AS SOON AS RECEIVED****

Immediately:

1. ******* If you have any electronic implanted devices (i.e. pacemaker, cardiac defibrillator, neurostimulator), OR if you've had a heart attack or stroke in the past few months, *****
*******notify our office today.** *******
2. **Please take a clear photograph as soon as possible of the exact location of your surgery site.**
This will assist us with identifying the location on the day of surgery. To send your photo securely, call our office and we will send you a secure text that you can reply back attaching the photo. Our staff can give you other directions if you are unable to text. If you are unable to send it ahead of your appointment, please take the picture now and save it in any form to provide it on the day of surgery. Call our office anytime with any questions.
3. If there are any potential conflicts (ie. *travel or important functions*) within two weeks following surgery, please call to reschedule your appointment.
4. Watch for an email titled "**Welcome to Your Qualderm Partners Patient Portal**" and register for your portal account. (Please check your spam folder if you don't see the email.)
5. Complete New Patient Paperwork located on your portal.

During the two weeks before surgery:

1. If you live locally and feel comfortable coming alone to your appointment, having someone on standby to drive you home in case of an urgent need or emergency will suffice.
2. *Continue taking all prescription blood thinners, but avoid taking aspirin, fish oil, and vitamin E if being taken for health maintenance alone.* If you are taking aspirin for a cardiac condition, history of stroke/blood clots, or for another medical condition, do not stop taking it. If in doubt, please continue your aspirin regimen as directed by your doctor.
3. *Decrease alcohol consumption as it thins your blood.*
4. *Decrease/quit smoking to improve your post-operative healing time.*

Several days before consult visit or surgery appointment:

1. *Read the financial policy, consent and HIPAA acknowledgement* included in this packet. You will be asked to sign an electronic version at your appointment when you check in.
2. *Visit our website to review the New Patient Brochure and/or review the one* included in your packet if sent.
3. *Complete all paperwork* included in this packet prior to your appointment. You will need to bring the papers with you on the day of your appointment.

Appointment day:

1. *Arrive 15 minutes early* with your driver's license, insurance card(s), and completed paperwork.
2. *Eat a light meal prior to arriving, unless your surgery is being coordinated with another surgeon, then follow their surgical instructions.*
3. Plan to be at our office for approximately 2-4 hours.
4. **If you enter Howe Creek Landing from Military Cutoff, we are in the back building.**
Enter through the center red door on the ground level. Take the elevator to the 2nd floor.
(Handicap access is best at the entrance away from Military Cutoff.)

New Patient Registration Form

****Please completely fill out and bring with you to your appointment****
Please also bring and present your photo ID and insurance cards with you.

Name: _____ Date: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Date of Birth: _____ Gender: _____

Cell Phone: (____) _____ Home Phone: (____) _____ Work Phone: (____) _____

Preferred Phone: ☐ Cell ☐ Home ☐ Work

Email Address: _____

Emergency Contact: Name _____ Phone: (____) _____

Primary Care Provider: _____ Phone: (____) _____

Referring Provider: _____ Phone: (____) _____

Preferred Pharmacy: _____ Location: _____ Phone: (____) _____

Do you have a formal healthcare proxy (Healthcare POA)? ☐ Yes ☐ No

Insurance Information

Primary Insurance: _____ Policy #: _____ Group #: _____

Secondary Insurance: _____ Policy #: _____ Group #: _____

Name of Policy Holder (if other than patient): _____ Birth Date: _____

If VA/Tricare: Policy Holder's SSN #: _____ Relation to Policy Holder: _____

New Patient Medical History Form

****Please completely fill out- front and back- and bring with you to your appointment****

Name: _____

Date: _____

Date of Birth: _____

Email Address: _____

Past Medical History:

Select any of the following medical conditions you currently have/had:

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> End-stage renal disease | <input type="checkbox"/> Inflammatory bowel disease |
| <input type="checkbox"/> Anxiety disorder | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Inflammatory disease of liver |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Gastroesophageal reflux disease | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> H/O: Deep vein thrombosis | <input type="checkbox"/> Malignant lymphoma |
| <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> H/O: asthma | <input type="checkbox"/> Malignant tumor of breast |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> H/O: hay fever | <input type="checkbox"/> Malignant tumor of lung |
| <input type="checkbox"/> Blood clot/DVT | <input type="checkbox"/> H/O: hypertension | <input type="checkbox"/> Malignant tumor of prostate |
| <input type="checkbox"/> Blood coagulation disorder | <input type="checkbox"/> H/O: migraine | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Cerebrovascular accident (Stroke) | <input type="checkbox"/> H/O: MRSA | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Chronic obstructive lung disease | <input type="checkbox"/> H/O: thyroid disorder | <input type="checkbox"/> Radiation therapy treatment |
| <input type="checkbox"/> Coronary arteriosclerosis | <input type="checkbox"/> H/O: tuberculosis | <input type="checkbox"/> Chemotherapy treatment |
| <input type="checkbox"/> Depressive disorder | <input type="checkbox"/> Hepatitis B virus | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Hepatitis C virus | _____ |
| <input type="checkbox"/> Disease caused by 2019-nCoV | <input type="checkbox"/> Human immunodeficiency virus | _____ |
| <input type="checkbox"/> Elevated blood pressure | <input type="checkbox"/> Hypercholesterolemia | |

Skin Disease History

Have you had any of the following?

Skin Conditions

- ☐ None
- ☐ Acne
- ☐ Actinic keratosis
- ☐ Basal cell carcinoma of skin
- ☐ Dysplastic nevus of skin
- ☐ Eczema
- ☐ Malignant melanoma
- ☐ Merkel Cell Cancer
- ☐ Psoriasis
- ☐ Squamous cell carcinoma
- ☐ Sunburn of second degree
- ☐ Other: _____

Skin Protection:

Do you wear Sunscreen? ☐ Yes ☐ No

If yes, what SPF? _____

Do you tan in a tanning salon? ☐ Yes ☐ No

Height: _____ (Inches) Weight: _____ (Lbs)

☐ Splenectomy

☐ Total joint replacement- Date: _____

If yes, which joint? Right or left?

☐ Transplantation of heart- Date: _____

☐ Transplantation of liver- Date: _____

☐ Other: _____

Family History of Melanoma

Do you have a family history of Melanoma?

☐ Yes ☐ No

If yes, which relative?

- ☐ Mother
- ☐ Father
- ☐ Sister
- ☐ Brother
- ☐ Daughter
- ☐ Son
- ☐ Uncle
- ☐ Aunt
- ☐ Nephew
- ☐ Niece
- ☐ Grandmother
- ☐ Grandfather
- ☐ Grandson
- ☐ Granddaughter
- ☐ Other: _____

Medications

Are you on a blood thinner: ☐ Yes ☐ No Are you on Immunosuppression medication? ☐ Yes ☐ No

List all current medications: (You may attach a list if you prefer.)

Allergies

List all allergies and reactions if known:

Social History

Smoking Status (please choose one):

- ☐ Current every day smoker
- ☐ Current someday smoker
- ☐ Former smoker
- ☐ Never smoker
- ☐ Unknown if ever smoked

Started Smoking:

- mm/dd/yyyy _____

Quit Smoking:

- mm/dd/yyyy _____

Number of packs per day: _____

Total Years Smoking: _____

Alcohol Intake (please choose one):

- ☐ None
- ☐ 1 or less per day
- ☐ 1-2 per day
- ☐ 3 or more per day

What is your caffeine use?

- ☐ Unspecified
- ☐ Several times a day
- ☐ Once a day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Never
- ☐ Other: _____

Occupation and Workplace:

Place of Residence:

Family History (Other cancers, bleeding disorders)

Please include only first-degree relatives: _____

Alerts

Add any alerts that we should know about not mentioned previously (ie chronic back pain, implants, etc)

Influenza Immunization

Have you received a flu shot this year? ☐ Yes If yes, when? _____
☐ No

Present Illness Areas

Who is your referring physician for your area(s) of concern today? _____

Area #1

Biopsy Date: _____ ☐ Not yet biopsied

Diagnosis: ☐ Basal Cell ☐ Squamous Cell ☐ Squamous Cell insitu ☐ Melanoma ☐ Atypical Mole

☐ Other: _____

Location of area (Side, ie. Rt/Lt, and Site): _____

How long has this area been present? _____

Has this area been treated before (not counting the biopsy)? ☐ Yes ☐ No

List treatment method(s) and dates: _____

Symptoms at the site (ie. Bleeding, pain, itching, tingling, won't heal, increase in size, scaling, color change, crusting):

☐ None- my doctor found it ☐ Other: _____

Area #2

Biopsy Date: _____ ☐ Not yet biopsied

Diagnosis: ☐ Basal Cell ☐ Squamous Cell ☐ Squamous Cell insitu ☐ Melanoma ☐ Atypical Mole

☐ Other: _____

Location of area (Side, ie. Rt/Lt, and Site): _____

How long has this area been present? _____

Has this area been treated before (not counting the biopsy)? ☐ Yes ☐ No

List treatment method(s) and dates: _____

Symptoms at the site (ie. Bleeding, pain, itching, tingling, won't heal, increase in size, scaling, color change, crusting):

☐ None- my doctor found it ☐ Other: _____

Area #3

Biopsy Date: _____ Not yet biopsied ☐

Diagnosis: ☐ Basal Cell ☐ Squamous Cell ☐ Squamous Cell insitu ☐ Melanoma ☐ Atypical Mole

☐ Other: _____

Location of area (Side, ie. Rt/Lt, and Site): _____

How long has this area been present? _____

Has this area been treated before (not counting the biopsy)? ☐ Yes ☐ No

List treatment method(s) and dates: _____

Symptoms at the site (ie. Bleeding, pain, itching, tingling, won't heal, increase in size, scaling, color change, crusting):

☐ None- my doctor found it ☐ Other: _____

REVIEW OF SYSTEMS:

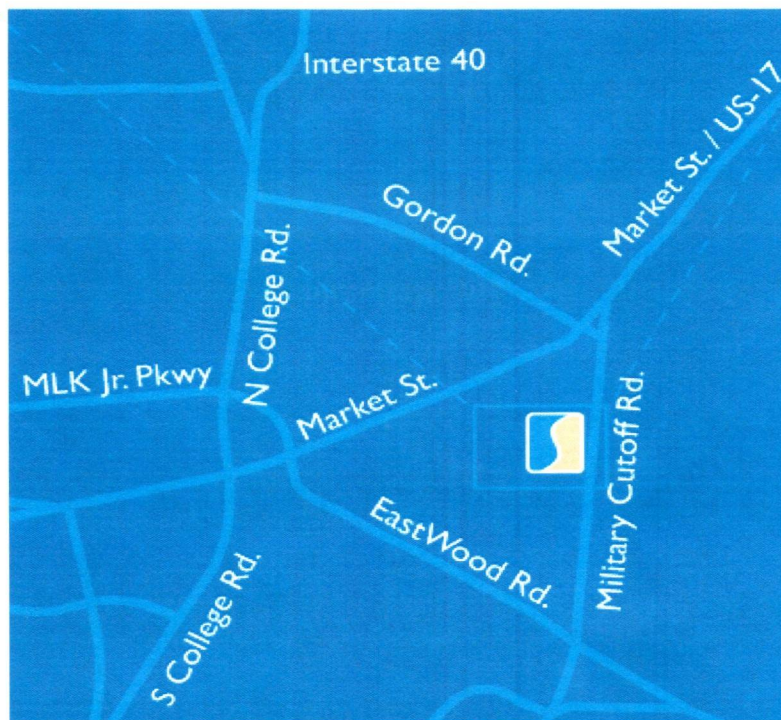
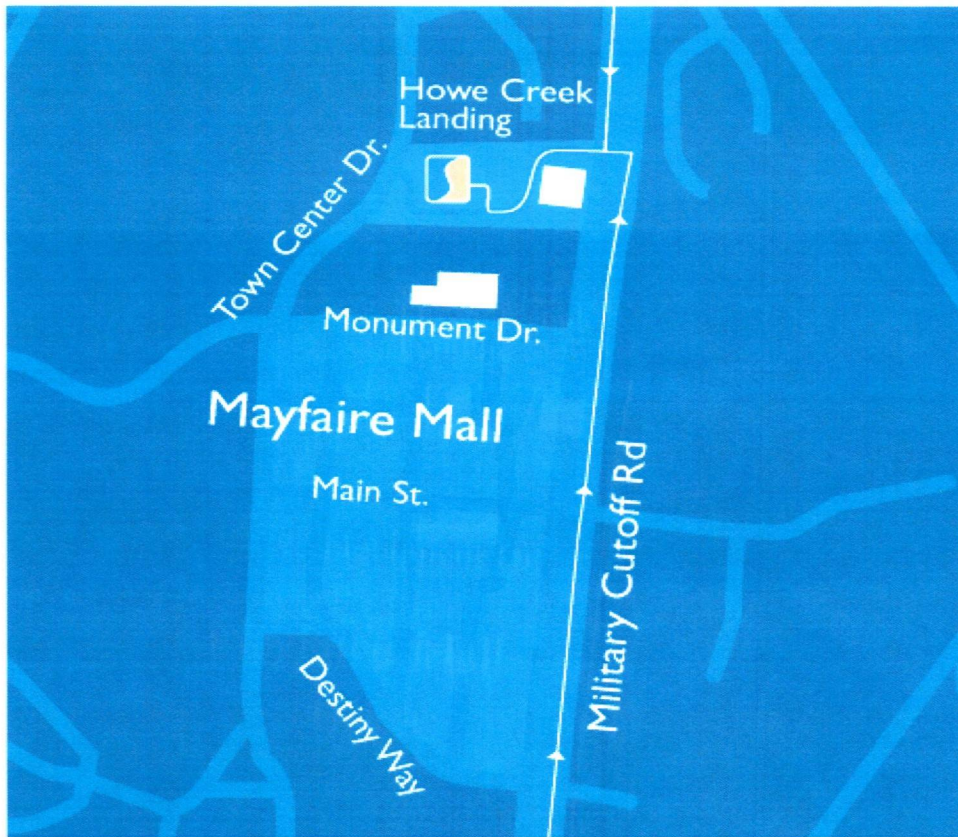
Please mark any that currently apply to you or you have a history of:

	Yes	No
New or changing moles		
Rash		
Fever or chills		
Problems with bleeding		
Problems healing or abnormal scarring		
In the past 2 weeks, have you had close (<6 ft) or prolonged contact with someone suspected or confirmed COVID-19?		
In the last 2 weeks, any new onset of <u>any</u> of these symptoms: chills, fever, shortness of breath, cough, runny or stuffy nose, sore throat, muscle/body aches, headaches, fatigue, nausea/vomiting, diarrhea, loss of taste or smell?		
In the last 2 weeks, have you tested positive for COVID-19?		
Allergy to Lidocaine		
Allergy to adhesives		
Allergy to topical antibiotic ointments		
Allergy to topical ointments		
Allergy to Oral antibiotic		
Allergy to Clindamycin		
Rapid heart beat with epinephrine		
Pregnancy or planning a pregnancy		
Breastfeeding		

	Yes	No
Allergy to latex		
Allergy to Iodine		
Artificial heart valve		
History of endocarditis		
Artificial joints within the past 2 yrs		
Taking blood thinners: *If yes, please list below.		
Defibrillator		
Pacemaker		
Premedication prior to procedures		
MRSA		
History of Melanoma		
History of Merkel Cell Cancer		
History of High Risk Skin Cancer		
History of Hepatitis		
History of HIV		
Organ transplant- *If yes, list which organ and date of transplant below.		
Implanted devices (ie. Spinal cord stimulator, Bladder stimulator, etc		

*Notes on above items: _____

Map & Directions



We are located at 710 Military Cutoff Rd, Suite 200, Wilmington, NC 28405.

Our office is located within Howe Creek Landing in the 2nd building back on the 2nd Floor.

From North

Follow US-17 South towards Wilmington. Exit right onto US-17 S Business/Wilmington. Go 3.7 miles and turn left at Military Cutoff Rd (sign says "76 Wrightsville Beach"). Go 1.2 miles and turn right into **Howe Creek Landing**.

From South

1. Follow US-17 North towards Wilmington. Merge right and follow signs onto US-17 N/US-74 E/US-76 E Drive 2.6 mi.
2. Merge right and follow signs onto US-17 N/74 E/ US-421 N/ NC-133 N. Drive 1.7 miles. You will pass the Battleship Memorial and go over a bridge. Turn right at sign for Wrightsville Beach US-74 E/NC-133 N. Go over bridge and merge right onto Martin Luther King Jr Pkwy US-74 E/ NC-133 N via the ramp to Wrightsville Beach/ Burgaw/ Airport. Continue to follow Martin Luther King Jr Pkwy/US-74 E for 5.1 mi. Turn left at Market St and drive 2.0 mi. Turn right at Gordon Rd. Turn right at Military Cutoff Rd. Drive 0.9 mi and turn right into **Howe Creek Landing**.

From West

Follow I-40 East towards Wilmington. Exit right at exit #420 (117N/132N). Turn right onto Gordon Rd. Drive 2.5 miles until Gordon Rd ends at Military Cutoff Road. Turn right and drive 0.9 miles and turn right into **Howe Creek Landing**.

From Lumberton

Follow US-74 East for approximately 73.0 mi to Wilmington area. Follow directions for **South** starting at #2.

From Fayetteville

Follow I-95 North 18.6 mi. Take exit 73 toward US-421/NC-55 and merge onto Access Rd. Continue on NC-55 East for 13.6 mi. Turn right to merge onto I-40 East. Follow directions from **East**.

Alternate:

Follow NC-24 East to Clinton (32.9 mi). Turn right to merge onto NC-24 E/US-421 S/US-701 S. In 2.0 mi turn left at US-701. Drive 0.4 mi and turn right at NC-24 East. Drive 10.1 mi to I-40 East. Follow directions from **East**.

From Goldsboro

Turn left at Dr Martin Luther King Jr Expy/NC-581 S/US-117-BYP S/US-13 S. Continue to follow US-117 South to I-40 connector. Exit onto I-40 East and follow directions from **East**.

To Find our Building Go around the front building (#700) to the building in the back. Our building is 710 Military Cutoff Rd. Enter through the center door of the building and we are located on the 2nd floor. For additional assistance, handicapped parking, an automatic door, and an elevator are located at the back entrance to the building.

****Call us if you have any problems locating our office and we will help guide you here.****