Kagen Dermatology Clinic S.C.
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Appleton, WI. 54911
Tel: (920) 733-5138

TELEDERMATOLOGY HISTORY FORM

Patient Name: ______________________________

DOB: _____________________________________

Date of Visit: ______________________________

Time: _____________________________________

Patient Verbal Consent: _____

Via: ______________________

____

____

Initials: ___________________

Phone Number and Email : ___________________________________

Pharmacy: ____

Insurance Name: ____

Policy/ID #: ____

Group #: ____

Chief Dermatological Complaint:

Current Medications:

Allergies:

Tobacco use: YES__________ NO____________