



Physicians Dedicated to
Excellence in Dermatology™

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NEW PATIENT - Please fill out the top 1/2

Name _____ DATE _____

Email address: please- Appointment reminders _____

Problem ? -Rash, growth, wart, acne, itch, history skin cancer, etc _____

How long have you had this problem? _____ Have you had treatment for this? _____

Previous treatments _____

Do you have allergies? if so, please list _____

What medicine are you currently taking? _____

For Women- are you pregnant, planning a pregnancy, using contraception, nursing? _____

Would you like a total body skin exam today? Please inform the staff if you wish to have this service

Please draw where your problem(s) are today

THANK YOU

Chief complaint _____

PE _____

Diagnosis:

1. _____ Treatment _____

2. _____ Treatment _____

3. _____ Treatment: _____

X: Discussed: ABCDE , Education Sun-Smart/Wise sun protection, skin care, skin surgery,
benefit/risks/alternative treatments, all questions answered, signs of infection, wound care instruction
Return/Call Office: _____