



This health history form is for dermatology patients to complete upon receipt of a new referral (each concern) or a re-referral (if your health care provider wants Dr. Kents to continue care after 2 years). It must be completed prior to your appointment.

First Name:	Middle Name:
Birth date (dd/mm/yyyy):	
Health Card Number:	
Email:	

Last Name:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Health Card Version Code (2 letters):
View all consent forms at maom.ca/forms

Clinic Policies

I understand and agree to follow the clinic's policies on respectful behaviour, appointment procedures, and general conduct while receiving care.

Photo and Email

I consent to the secure use of my photographs for medical documentation and professional education, and to limited email communication for clinic updates and appointments.

Virtual Care Policy

I consent to receive care through secure video, audio, or electronic communication, understanding the benefits, risks, and privacy limitations of virtual visits.

Dermatology concern I have been referred for:

Medical history (select all that apply):

Diabetes	Blood thinners	Pacemaker/Active Implanted Device	Autoimmune disorder
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Have you previously tried any drugs/therapies for the condition being seen for?

No	Yes
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Are you taking any of the following medications/supplement (select all that apply)

Accutane	Anti-inflammatories
Antibiotics	Retin A
Blood Thinners	Vitamin E
Other(s) - You may want to ask your pharmacist for an updated list of active medications to record here.	

List medications/supplement (please use the back of the form if you need more room) or check if you have a printed list from your pharmacist.

Allergies (complete table):

Sulpha	Iodine	Lidocaine
Skin bleaching agents	Hydroquinone	Aspirin
Animal protein	Adhesive tape	Latex
Others: (please list)		

Previous dermatological conditions (please select all that apply).

Basal Cell Carcinoma	Melanoma
Squamous Cell Carcinoma	Acne
Others: (please list)	

By clicking this checkbox, I am giving my electronic signature to acknowledge that I have read, understood, and agree to all the terms and conditions listed on this form.

Signature:	Date (dd/mm/yyyy):
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