WELCOME TO BROWNSTONE DERMATOLOGY ASSOCIATES

Christine L. Cassel, M.D.
Jessica S. Rein, PA-C

We are pleased that you have chosen Brownstone Dermatology Associates to provide you with your dermatologic services. Please arrive 10 minutes early for your first appointment and bring your insurance cards. Please print and complete the "History Questionnaire" (see next page) and bring to your first visit if possible.

We will collect your co-payment at time of registration and bill your insurance company if you are covered by one of the insurance companies we participate with. Payment may be made in cash, check or credit card. For your convenience, we accept Visa, Discover, MasterCard and American Express.

We ask that you provide at least 24 hours advance notice to our office staff if you are not able to keep your appointment with us. There is a $50.00 no-show fee for unattended appointments. There are many patients waiting for appointments and this has dramatically reduced their wait time.

Office Rules:

- Cell phone use is prohibited in office
- No pets allowed inside Brownstone Dermatology building, unless a service animal is required by the patient
- Please inform doctor at beginning of visit when a 90 day script will be needed
- A $50.00 "No Show" fee for missed or late cancellation (less than 24 hours notice) appointments will be charged

Directions to our office:
From Harrisburg and West – take 322E – take the Hummelstown/Middletown exit. Turn left off exit and follow to square in Hummelstown. Turn right on Main Street and follow thru to fork in street and bear left onto Walton Avenue. Just past the post office, our office is on the left on the corner of Allison and Walton.
From Lebanon and East – take 322W – to Rt. 39 Hershey Park Drive exit. At first light, make a left onto Walton Avenue and proceed to top of the hill, our office is on the right at the corner of Allison and Walton.
From Lancaster – take 283W to Hummelstown/Middletown Vine Street exit. Turn right off of exit and follow to square in Hummelstown. Turn right on Main Street and follow thru to fork in street and bear left onto Walton Avenue. Just past the post office our office is on the left on the corner of Allison and Walton.

We look forward to meeting you, should any questions or issues arise before your scheduled appointment please contact our office at (717) 566-6633. Thank you.

Brownstone Dermatology Associates
530 Walton Ave.
Hummelstown, PA 17036

Patient Name ______________________
Date of birth _____________
Phone ____________________________

HISTORY QUESTIONNAIRE

Reason for visit ____________________ **Who is your family doctor?** ____________________

Email Address: ____

Pharmacy: Name ____________________ **Location** __________________________

MEDICATIONS: (Including over the counter)

1.	4.	7.
2.	5.	8.
3.	6.	9.

MEDICATION ALLERGIES: **YES** **NO**
If Yes, Please list: ______________________________________

I give my consent to import my active medications list YES NO

Have you had the flu shot? _________ **if so when (date):** _____________

Please check any of the following problems you have or have had:

☐	Asthma	☐	Skin cancer
☐	COPD/Emphysema	☐	Other cancer ____________
☐	Diabetes	☐	High blood pressure
☐	Heart Murmur	☐	Infectious disease such as HIV or Hepatitis
☐	Liver problems	☐	High cholesterol
☐	Kidney problems	☐	Antibiotics before dental procedures?

List any other medical problems? ______________________________________

What surgeries have you had? ______________________________________

Childhood History:		**Family History:**	
☐	Chickenpox	☐	Eczema
☐	Chickenpox shot	☐	Hay fever/Asthma
☐	Measles	☐	Psoriasis
☐		☐	Melanoma
☐		☐	Other Skin Cancer
☐		☐	Other Cancer ____________

Review of Symptoms (which of these have you recently had):

☐	Fever	☐	Food allergies	☐	Chest pain	☐	Numbness
☐	Chills	☐	Runny nose	☐	Wheezing	☐	Diarrhea
☐	Weight loss	☐	Cough	☐	Palpitations	☐	Constipation
☐	Night sweats	☐	Shortness of breath	☐	Seizures	☐	Tingling
☐	Easy bleeding	☐	Clotting problems	☐	Arthritis	☐	Muscle pain
☐	Easy bruising	☐	Excess thirst	☐	Frequent Urination	☐	Thyroid problems

Are you pregnant? **YES** **NO** **Menstrual Periods Regular? YES NO**

Social history: Occupation ________________________

Do you smoke?	NO	YES	QUIT	____ pks/day
Do you drink alcohol?	NO	Rarely	1/day	Frequently
Do you consume caffeine?	NO	1-2/day	3+/day	
Are you sexually active?	NO	YES		

I have reviewed the Welcome Letter. Signature ________________________