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Wound Care, Skin Care and Minor Surgery Program

PATIENT INFORMATION

Name: _____ Phone: _____
Last Name First Name Middle Initial

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Birthdate: _____ Age: _____

Sex: Male__ Female__ Marital Status: Single__ Married__ Widowed__ Separated__ Divorced__

Employer: _____

Employer Address: _____

Work Phone: _____ Are You Currently Working: Yes__ No__

Email Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

Primary Care Physician: _____

Visiting Nurses Company (if applicable): _____

Preferred Pharmacy: _____

Anticoagulants, Medications & Vitamins (include dose and frequency):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Allergies:

_____	_____
_____	_____

Surgeries: _____

Wound Information:

- General Appearance (color, shape, size): _____
- Duration: _____
- Location: _____
- Cause (if known): _____
- Current treatment (if any): _____
- Severity of the problem (mild, moderate, severe) _____
- Associated signs/symptoms _____
- Other Comments: _____

Symptoms (circle all that apply):

Changes in color	Changes in size	Pain	Itchiness
Bleeding	Swelling	Redness	Pus/Drainage

History (circle all that apply):

Past history of significant sun exposure	Past history of blistering sunburns
History of tanning bed use	Personal history of skin cancer
Family history of malignant melanoma	Family history of non-melanoma skin cancer

Review of Systems (circle all that apply):

Malnutrition	Recent weight gain/loss
HIV/AIDS	Lupus/Scleroderma
Rheumatoid arthritis	Arthritis/Osteoarthritis
Retinopathy	Blindness
Cataracts/Glaucoma	Macular degeneration
Difficulty swallowing	Hearing loss
Shortness of breath	Asthma/Emphysema

Bronchitis/COPD

Tobacco use (current or history)

Alcohol use (current or history)

Chest Pain/Heart Attack

Angioplasty/Bypass

Congestive heart failure

High blood pressure

Pacemaker/defibrillator

Blood clots/DVT

Hepatitis

Urinary Tract Infection

Alzheimer's Disease/Dementia

Anxiety/Depression

Claustrophobia

Renal Insufficiency

Dialysis

Amputation

Charcot's foot

Neuropathy

Paralysis

Stroke/TIA

Seizures

Diabetes (type __)

Hyperthyroidism/Hypothyroidism

Anemia

Sickle cell

Bleeding/Clotting Disorder

Lymphedema

Other _____
