

# LOHNER PLASTIC SURGERY

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## DERMATOLOGY QUESTIONNAIRE

Name and Address of Dermatologist \_\_\_\_\_

\_\_\_\_\_

Reason for today's visit \_\_\_\_\_

History or today's problem(s)

Location (skin area involved) \_\_\_\_\_

Duration (how long has problem been present) \_\_\_\_\_

Any previous treatment \_\_\_\_\_

Biopsy done by \_\_\_\_\_

Date biopsy was done \_\_\_\_\_

Skin History: Please check all that apply and explain

\_\_\_\_\_ Normal \_\_\_\_\_

\_\_\_\_\_ Keloids \_\_\_\_\_

\_\_\_\_\_ Poor healing \_\_\_\_\_

\_\_\_\_\_ X-ray treatment (not dental or chest) \_\_\_\_\_

\_\_\_\_\_ Ultraviolet light treatments \_\_\_\_\_

\_\_\_\_\_ Sunburns \_\_\_\_\_

Family History: Please check all that apply

\_\_\_\_\_ Melanoma

\_\_\_\_\_ Other skin cancers (basal cell or squamous cell)

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