Gulf Coast DERMATOLOGY
The Skin Experts

Jon Ward, M.D.
Fellow, American Academy of Dermatology
Fellow, American Society of Mohs Surgery

Michael Stickler, M.D.
Fellow, American Academy of Dermatology
Fellow, American Society of Mohs Surgery

Nichol Raulerson, PA-C | Heather West, PA-C | Laura Gilmore, PA-C
Angela Franz, PA-C | Barry Newton, PA-C

2505 Harrison Avenue	12111 Panama City Bch Pkwy	141 Mack Bayou Loop, Suite 202	4378 Lafayette Street	2600 Hospital Drive	212 NW Racetrack Road
Panama City, FL 32405	Panama City Bch, FL 32407	Santa Rosa Beach, FL 32459	Marianna, FL 32446	Bonifay, FL 32425	Ft Walton Beach, FL 32446
phone 850-233-3376	phone 850-233-3376	phone 850-622-0600	phone 850-526-7546	phone 850-233-3376	phone 850-233-3376
fax 850-522-8354	fax 850-522-8354	fax 850-522-8354	fax 850-522-8354	fax 850-522-8354	fax 850-522-8354

BUBBLE SHEET

Patient Name: ______________________________ **Date of Birth:** ____________________

MUSCULOSKELETAL
joint stiffness O Yes O No
joint pain O Yes O No
joint swelling O Yes O No
muscle aches O Yes O No

DERMATOLOGY
rash O Yes O No
suspicious moles O Yes O No
dry or sensitive skin O Yes O No
suspicious lesions O Yes O No
acne O Yes O No
itching O Yes O No

ENDOCRINOLOGY
excessive sweating O Yes O No
cold intolerance O Yes O No
heat intolerance O Yes O No

NEUROLOGY
headache O Yes O No
tingling numbness O Yes O No
seizures O Yes O No
memory loss O Yes O No

OPTHALMOLOGY
eye irritation O Yes O No
drainage from eyes O Yes O No
blurring of vision O Yes O No

HEMATOLOGY/LYMPH
swollen glands O Yes O No
varicose veins O Yes O No
easy bruising O Yes O No

FEMALE REPRODUCTIVE (if applicable)
sexually active O Yes O No
frequent yeast infections O Yes O No
irregular periods O Yes O No
postmenopausal O Yes O No

MALE REPRODUCTIVE (if applicable)
diminished sexual drive O Yes O No

PSYCHOLOGY
depression O Yes O No
high stress level O Yes O No
suicidal ideation O Yes O No
mood swings O Yes O No
anxiety O Yes O No

CONSTITUTIONAL
weight change O Yes O No
night sweats O Yes O No

CARDIOLOGY
chest pain O Yes O No
palpitations O Yes O No
leg swelling O Yes O No

GASTROLOGY
diarrhea O Yes O No
vomiting O Yes O No
loss of appetite O Yes O No
constipation O Yes O No
nausea O Yes O No

ENT
fever O Yes O No
weakness O Yes O No
cold O Yes O No
nose bleed O Yes O No
sore throat O Yes O No
difficulty swallowing O Yes O No

RESPIRATORY
shortness of breath O Yes O No
cough O Yes O No

ALLERGY
runny nose O Yes O No
itchy eyes O Yes O No
sinus congestion O Yes O No

UROLOGY
blood in urine O Yes O No