

Department of Dermatology & Cutaneous Surgery



Dear Patient,

Welcome to the University of South Florida Medical Clinic. Enclosed is a personal Health History Questionnaire. Please complete this form and bring it with you along with any pertinent medical records on your scheduled appointment date. We are looking forward to your visit.

Sincerely,

Department of Dermatology & Cutaneous Surgery

Physician: _____

Date: _____

Time: _____