# Communicable Disease Screening

For an upcoming appointment with **E Grieshaber** on 1/5/2021

Here are the responses you submitted.

Question	Answer
Do you have any of the following new or worsening symptoms?	None of these
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	No / Unsure
Have you had a COVID-19 viral test in the last 14 days?	No

Have you had a COVID-19 viral test in the last 14 days?

# **Depression Screening**

For an upcoming appointment with **E Grieshaber** on 1/5/2021

Here are the responses you submitted.

Question	Answer
Over the last 2 weeks, how often have you been bothered by any of the following problems?	
Little Interest or Pleasure in Doing Things	Not at all
Feeling Down, Depressed, or Hopeless	Not at all
Trouble falling or staying asleep, or sleeping too much	Not at all
Feeling tired or having little energy	Not at all
Poor appetite or overeating	Not at all
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	Not at all
Trouble concentrating on things, such as reading the newspaper or watching television	Not at all
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	Not at all
Thoughts that you would be better off dead, or of hurting yourself in some way	Not at all

## **Dermatology History Questions**

Thank you, here are the responses you have submitted.

### **Skin Cancer History**

Basal cell carcinoma No Other skin cancer No Melanoma Yes - 2008-03 Stage IV Malignant Amelanotic Melanoma

Squamous cell carcinoma No

## Medical History

Acne Yes - 2010
Dermatitis No
Molluscum No
Actinic keratosis No

Diabetes No
Psoriasis No
Allergies Yes - Lactose, Latex
Eczema / dry skin No
STD No
Anesthetic complications No
Impetigo No
Thyroid disease No
Arthritis No

Keloid No
Urticaria No
Cancer Yes - 2008-03 Stage IV Malignant Melanoma
Lupus No
Chicken pox No
Warts Yes - On R Index Finger R Side Top Joint On R Index Finger R Side Top Joint
Tinea pedis No
Psoriatic arthritis No
High blood pressure No

2021	
HIV/AIDS No	
Hepatitis No	
Heart valve problem No	
Heart murmur No	
Ringworm Yes - April - May 2020 April - May 2020	
Scabies No	
Shingles No	
Skin Tags Yes - R or L Armpit area (note to check for melanoma) R or L Armpit area (note to check for melanoma)	

Folliculitis
No

## Atypical Nevi

No

## Surgical History

Skin biopsy Yes -2008,2009,2010,2011,2012,2013,20... 2008,2009,2010,2011,2012,2013,20...

## **MOHS Surgery**

No

Skin cancer resection No

### **Family History**

Acne Linda Darlene Rea Bodin (Mother) Mark Bodin (Father)

Cancer Grandma Rea Marks (Maternal Grandmother) **Euterine Cancer** 

Diabetes Mark Bodin (Father)

Hypertension Mark Bodin (Father)

## Substance and Sexual Activity

Smoking status Never
Comments: N/a
Alcohol Use Never
Drug Use Never
Sexually Active Never

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## Primary Reason for Visit

For an upcoming appointment with **E Grieshaber** on 1/5/2021

Here are the responses you submitted.

Question	Answer
What is the primary reason for your visit?	Other
Please describe your symptoms.	2021-01-05
	Jeffrey Thomas Bodin
	Dr E Grieshaber
	- appt is for
	check up on back r possible sites for melanoma
	check up on back l q3 or so sites for melanoma
	- melanoma screening general
Have you had these symptoms before?	Yes
How long have you been having these symptoms?	For more than a month
Please list any medications you are currently taking for this	2021-01-05
condition.	Jeffrey Thomas Bodin
	None
Please describe any probable cause for these symptoms.	2021-01-05
	Jeffrey Thomas Bodin
	Genetic predisposition to malignant melanoma.
	Genetic genomic factor yet to be determined as of date of 2020-
	01-05.
	According to geneticist at UMC.
	Its been an ongoing process for my entire life. Rarity is
	intractable.