Patient Name:

DOB:

Reason For Visit:

Past Medical History

- No Pertinent Medical History ☐
- Asthma ☐
- Bleeding Disorders/ Clotting ☐
- Breast Cancer ☐
- Disease ☐
- Diabetes ☐
- Fainting ☐
- GERD/ Gastritis/ Reflux disease ☐
- Heart Disease ☐
- Heart Murmur ☐
- Heart Valve Replacement/ Repair ☐
- Hepatitis ☐
- High Blood Pressure ☐
- HIV/ AIDS ☐
- Joint Replacement ☐

Year of procedure: ___________________

- Leg Ulcers ☐
- Leukemia/ Lymphoma ☐
- Organ Transplant Recipient ☐
- Pacemaker/AICD/ Defibrillator ☐
- Prostate Disease ☐
- Stroke ☐
- Thyroid Disorder/ Cancer ☐
- Tuberculosis ☐
- Stomach Ulcers ☐
- Varicose Veins ☐
- Xray/ Radiation Therapy ☐

Location:

Reason:

Family History

		Afflicted Family Member (Maternal/Paternal/Sibling/Child)
No Relevant Family History	☐	
Unknown- Adopted	☐	
Asthma/ Hay Fever	☐	
Autoimune Disorders/ Lupus	☐	
Breast Cancer	☐	
Colon Cancer	☐	
Dysplastic Nevi	☐	
Eczema	☐	
High Cholesterol	☐	
Melanoma	☐	
Pancreatic Cancer	☐	
Psoriasis	☐	
Skin Cancer (BCC/ SCC)	☐	
Thyroid Cancer	☐	

Skin History		Previous Treatments	Treating Physician
No Significant Skin History	☐		
Actinic Keratosis	☐		
Basal Cell Carcinoma	☐		
Cold Sores	☐		
Eczema	☐		
Keloids (overgrowth of scars)	☐		
Melanoma	☐		
Dysplastic Nevi	☐		
Psoriasis	☐		
Squamous Cell Carcinoma	☐		
Urticaria/ Hives	☐		
Other Skin Problems	☐		

Patient Past Sugeries /Hospitalizations

Surgery/Hospitalization	Date	
1		
2		
3		
4		
5		

Allergies/Current Medications

Patient Allergies	
Allergy	Reaction
1	
2	
3	
4	
5	

Patient Current Medications

Drug	Dosage	Prescribed by
1		
2		
3		
4		
5		

Tobacco use (if used one or more times within 24 months)

☐ No

☐ Yes

☐ Cessation counseling provided

Alcohol Use (within past 24 months)

☐ Yes ☐ Denies any alcohol use

Women/ Persons age> 65

>7 drinks/week, or > 3 drinks/ occasion

☐ Yes ☐ No

Men≤ 65:

>14 drinks/week, or >4 drinks/occasion

☐ Yes ☐ No

☐ Interventin counseling provided

Height and Weight

Height(in)__________________

Weight(lbs)_________________

STD History

Herpes ☐ Yes ☐ No

Warts ☐ Yes ☐ No

Syphilis ☐ Yes ☐ No

UV Exposure

Blistering sunburn ☐ Yes ☐ No

Uses sunblock ≥ 30 SPF currently ☐ Yes ☐ No

Uses tanning booth ☐ Yes ☐ No

History of tanning booth ☐ Yes ☐ No

For Women Only

Pregnant ☐ Yes ☐ No

Planning Pregnacy ☐ Yes ☐ No

Nursing ☐ Yes ☐ No

Medical History Verification

	Date	Patient Initials	Parent/Guardian Initiatials
All information provided above is accurate and complete to the best of my knowledge.			