

Doctor _____

Date _____

Patient Name _____

Date of Birth _____

PAST MEDICAL HISTORY

Please circle if you currently have or in the past have had any of the following medical conditions:

- | | | | |
|------------------------|-------------------------|----------------------|---------------------|
| Anxiety | Colon Cancer | Hearing Loss | Lung Cancer |
| Arthritis | COPD | Hepatitis | Lymphoma |
| Asthma | Coronary Artery Disease | Hypertension | Prostate Cancer |
| Atrial Fibrillation | Depression | Elevated Cholesterol | Radiation Treatment |
| Enlarged Prostate | Diabetes | Hyperthyroidism | Seizures |
| Bone Marrow Transplant | Kidney Disease | Hypothyroidism | Stroke |
| Breast Cancer | GERD | Leukemia | |

PAST SURGICAL HISTORY

What operations have you had? _____

SKIN DISEASE HISTORY

Please circle if you have had any of the following skin or skin-related conditions:

- | | | |
|------------------------|---------------------|---------------------------|
| Acne | Dry Skin | Poison Ivy |
| Actinic Keratosis | Eczema | Precancerous Moles |
| Asthma | Itchy/Flaking Scalp | Psoriasis |
| Basal Cell Skin Cancer | Hay Fever/Allergies | Squamous Cell Skin Cancer |
| Blistering Sunburns | Melanoma | |

Do you wear sunscreen? ____yes ____no If yes, what SPF? _____

Do you or have you ever tanned in a tanning salon? ____yes ____no

FAMILY HISTORY

Has anyone in your family had melanoma? _____yes _____no

If yes, which relative? _____

Please list your current medications: _____

Are you allergic to any medications? _____yes _____no If yes, please list: _____

Have you ever smoked? _____yes _____no Do you currently smoke? _____yes _____no

Do you drink alcohol? _____yes _____no

If yes, how much? _____less than 1 drink per day _____1 to 2 drinks per day _____3 or more drinks per day

Height _____ Current Weight _____

REVIEW OF SYSTEMS

Please circle if you are currently experiencing any of the following:

Joint aches

Pacemaker/Defibrillator

Rash

Artificial joints within past two years

GI upset with antibiotics

Artificial heart valve

Problems with bleeding

Premedication prior to procedures

Problems with healing

Allergy to adhesive

Problems with scarring (keloids)

Allergy to topical antibiotic ointments

Immunosuppression

Blood thinners

Anxiety/Depression

Allergy to lidocaine

Headaches

Rapid heartbeat with epinephrine

Thyroid problems

Yeast infections with antibiotics

Unexplained weight loss

Latex allergy
