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	COPD	Enlarged Prostate	Hyperthyroidism	Stroke
Arthritis	Coronary Artery Disease	GERD	Hypothyroidism	
Asthma	Depression	Hearing Loss	Kidney Disease	
Atrial Fibrillation	Diabetes	Hepatitis	Radiation Treatment	
Bone Marrow Transplant	Elevated Cholesterol	Hypertension	Seizures	

Have you been diagnosed with any type of cancer? YES or NO

If yes, Please list ____

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

-OVER-

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:

New skin lesion

Changing mole

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