DERMATOLOGY HEALTH HISTORY

Name: _____DOB: _____Today's Date: _____New Patient? Y / N

1.) Pharmacy (please include city):_____

2.) Past Medical History: (please circle all that apply) or… NONE

Anxiety	COPD (emphysema)	High Blood Pressure	Prostate Cancer
Arthritis	Coronary Artery Disease	HIV/AIDS	Radiation Treatment
Asthma	Depression	High Cholesterol	Seizures
Atrial Fibrillation	Diabetes	Hyperthyroidism	Stroke
BPH (enlarged prostate)	End Stage Kidney Disease	Hypothyroidism	Other:_____
Bone Marrow Transplant	GERD	Leukemia	
Breast Cancer	Hearing Loss	Lung Cancer	*NONE*
Colon Cancer	Hepatitis	Lymphoma	

3.) Past Surgeries: _____

4.) Skin Disease History: (please circle all that apply) or… NONE

Acne	Blistering Sunburns	Hay Fever / Allergies	Psoriasis
Actinic Keratoses	Dry Skin	Melanoma	Squamous Cell Skin Cancer
Asthma	Eczema	Poison Oak / Ivy	Other:_____
Basal Cell Skin Cancer	Flaking or Itchy Scalp	Precancerous Moles	*NONE*

Do you wear Sunscreen? YES / NO What SPF? _____
Do you tan in a tanning salon? YES / NO

5.) Family History
Do you have a family history of Melanoma? YES / NO Which Relative?_____

6.) Medications PLEASE PRINT (including prescription, over the counter, vitamins, herbals, etc.):

_____

7.) Medication allergies PLEASE PRINT (and reaction to that medication): _____

8.) Social History (please circle all that apply)

SMOKING	Never smoked	**ALCOHOL**	No alcohol consumption	**OCCUPATION**:
	Former smoker		Less than 1 drink per day	
	Current some-days smoker		1-2 drinks per day	_____
	Current every-day smoker		3 or more drinks per day	

9.) Review of Systems (please circle all that apply) or… NONE

Feeling unwell	Problems with bleeding	Abdominal pain	Anxiety
Fever or chills	Problems with healing	Joint aches	Depression
Night sweats	Problems with scarring	Muscle Weakness	
Unintentional weight loss	Immunosuppression	Headaches	*NONE*
Cough	Thyroid problems	Seizures	

10.) Alerts (please circle all that apply) or… NONE

Allergy to adhesive	Blood thinners	Pregnancy or planning pregnancy
Allergy to lidocaine	Defribrillator	Rapid heartbeat with epinephrine
Allergy to topical antibiotic ointments	MRSA	
Artificial heart valve	Pacemaker	*NONE*
Artificial joints within past two years	Premedication prior to procedures	