Dermatology Center Medical History

***Past Medical History*** *(please place an X by all that apply)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **NONE** |  | Elevated Blood pressure |  | Hypothyroidism (low) |  | Radiation treatment |
|  | Anxiety |  | End-stage Kidney disease |  | Liver disease |  | Bone marrow transplant |
|  | Arthritis |  | Epilepsy (seizures) |  | Leukemia |  |  |
|  | Asthma |  | Reflux disease |  | Lymphoma |  | Other: |
|  | Atrial fibrillation |  | Hearing loss |  | Lung cancer |  |  |
|  | Hardening of arteries |  | HIV |  | Breast cancer |  |  |
|  | Depression |  | High Cholesterol |  | Colon cancer |  |  |
|  | Diabetes |  | Hyperthyroidism (high) |  | Prostate cancer |  |  |

***Past Surgical History*** *(please place an X by all that apply)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **NONE** |  | Colostomy |  | Masectomy R or L |  | Other: |
|  | Breast biopsy |  | Tubal ligation |  | Kidney stone removal |  |  |
|  | Prostate biopsy |  | Appendix |  | Hip replacement R or L |  |  |
|  | Coronary artery bypass |  | Heart valve replacement |  | Splenectomy |  |  |
|  | Kidney transplant |  | Prostatectomy |  | Kidney removal |  |  |
|  | Basal Cell excision |  | Hysterectomy |  | Knee replacement R or L |  |  |
|  | Melanoma excision |  | Kidney biopsy |  | Heart transplant |  |  |
|  | Squamous Cell excision |  | Lumpectomy-breast R or L |  | Liver transplant |  |  |

***Skin Disease History*** *(please place an X by all that apply)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **NONE** |  | Poison Ivy |  | Malignant Melanoma |
|  | Acne |  | Dysplastic (abnormal) moles |  | Itchy Scalp |
|  | Actinic Keratosis (pre skin cancer) |  | Eczema |  | Psoriasis |
|  | Dry Skin |  | History of Asthma |  | Squamous Cell (skin cancer) |
|  | Basal Cell skin cancer |  | History of Hay fever |  | 2nd degree sunburn |

Do you wear Sunscreen? Y or N If yes, what SPF? \_\_\_\_\_\_\_\_\_\_\_ Do you tan in a tanning bed? Y or N

Do you have a family history of Melanoma? Y or N If so, which relative? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Medications:***

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

***Allergies to Medications:***

|  |  |  |
| --- | --- | --- |
|  |  |  |

***Social History: HEIGHT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEIGHT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never |  | Former |  | Current |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Everyday |  | Some days |

Smoking status? If current:

Do you drink Alcohol? Y or N How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Women:*** Are you pregnant? Y or N Due date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you breast feeding? Y or N

I certify that the above information is correct to the best of my ability.

I understand that with any surgical procedure during my visit that: (1) All tissues removed are subject to pathology reading and diagnosis. This is a protection for you and your doctor. (2) There are charges billed by the doctor reading the slide and charges are billed the day the slides are read.

I accept full responsibility for these charges.

**Print Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_**

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