



Patient Name: _____

Date of Birth: _____

Today's Date: _____

Please return completed form to front desk.

Personal Medical History

Please mark any item that applies to your medical history.

Health Issues

Previous Surgeries

- Eczema
- Atypical moles
- Melanoma
- Basal cell carcinoma
- Squamous cell carcinoma
- Psoriasis
- Warts
- Hypertension
- Diabetes mellitus
- Thyroid disease
- Stroke
- COPD/lung disease
- Heart attack
- No previous health issues

- Basal cell carcinoma removal
- Squamous cell carcinoma removal
- Malignant melanoma removal
- Atypical mole removal
- Birthmark removal
- Other surgery _____

Family History

Please mark any item relative to immediate family.

- Psoriasis. Who? _____
- Skin Cancer. Who? _____
- No family health issues

Social History *(please check one box in each row)*

- Lifetime cumulative sun exposure Minimal Average/Moderate Excessive
- Tobacco Use (any type) Currently Past Never
- Drink alcohol Currently Past Never

Additional medical conditions

Please mark any item that applies to you.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I develop contact dermatitis or a rash from bandages/tape. |
| <input type="checkbox"/> | <input type="checkbox"/> | I develop contact dermatitis or rash from antibiotic ointment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Oral antibiotics cause nausea, vomiting, yeast infections, or other difficulties. |
| <input type="checkbox"/> | <input type="checkbox"/> | I currently use aspirin, Coumadin, or blood thinners. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a prosthetic joint. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a pacemaker or defibrillator. |
| <input type="checkbox"/> | <input type="checkbox"/> | I form keloids (thick scar that rises above the rest of the skin). |
| <input type="checkbox"/> | <input type="checkbox"/> | My skin has difficulty healing. |
| <input type="checkbox"/> | <input type="checkbox"/> | I bleed excessively when cut. |

