



Date: _____

Name: Last, First, MI: _____ Date of Birth: _____

If minor, responsible parent name: _____

PAST MEDICAL HISTORY: (please circle all that apply)

- | | | | |
|------------------------------|----------------------------|----------------------------|--------------------------------|
| Anxiety | COPD | GERD | Leukemia |
| Arthritis | Coronary Arteriosclerosis | H/O Hypertension | Malignant Lymphoma |
| Asthma | Depressive Disorder | Hearing Loss | Malignant Tumor of Breast |
| Atrial Fibrillation | Diabetes Mellitus | HIV / AIDS | Malignant Tumor of Colon |
| Benign Prostetic Hyperplasia | Disease Caused by Covid-19 | Hypercholesterolemia | Malignant Tumor of Lung |
| Cerebrovascular Accident | Elevated Blood Pressure | Hyperthyroidism | Malignant Tumor of Prostate |
| | End State Renal Disease | Hypothyroidism | Radiation Therapy |
| | Epilepsy | Inflammatory Liver Disease | Transplantation of Bone Marrow |

Other: _____

PAST SURGICAL HISTORY: (please circle all that apply)

- | | | |
|--------------------------------------|--|--|
| Abdominoperineal Resection | Percutaneous Transluminal Coronary Angioplasty | Percutaneous Extraction of Kidney Stone with Fragmentation |
| Bilateral Replacement of Knee Joints | Tissue Graft Heart Valve Replacement | Portosystemic Shunt Operation |
| Biopsy of Breast | Total Cystectomy | Prosthetic Arthroplasty of Bilateral Hips |
| Biopsy of Prostate | Transurethral Prostatectomy | Splenectomy |
| Coronary Artery Bypass Graft | Hysterectomy | Surgical Biopsy of Skin |
| Entire Transplanted Kidney | Kidney Biopsy | Total Nephrectomy |
| Excision of Basal Cell Carcinoma | Low Anterior Resection of Rectum | Total Orchidectomy |
| Excision of Melanoma | Lumpectomy of Right Breast | Total Replacement of (Left, Right) Hip Joint |
| Excision of Squamous Cell Carcinoma | Lumpectomy of Left Breast | Total Replacement of (Left, Right) Knee |
| Colostomy | Mastectomy of Right Breast | Transplant of Heart |
| Tubal Ligation | Mastectomy of Left Breast | Transplant of Liver |
| Appendectomy | Mechanical Heart Valve Replacement | |
| Bilateral Mastectomy | Oophorectomy | |
| Cholecystectomy | Pancreatectomy | |
| Colectomy | Total Nephrectomy Procedure | NONE |
| Liver Excision | Prostatectomy | |

Other: _____

SKIN DISEASE HISTORY

- | | | | |
|------------------------------|-------------------------------|-----------------------|--------------------------|
| Acne | Contact Dermatitis Poison Ivy | Hay Fever / Allergies | Squamous Cell Carcinoma |
| Actinic Keratoses | Dysplastic Nevus of Skin | Malignant Melanoma | Sunburn of Second Degree |
| Asteatosis Cutis | Eczema | Pruritus of Scalp | |
| Basal Cell Carcinoma of Skin | Asthma | Psoriasis | NONE |

Other: _____

Do you wear sunscreen? Yes No

If yes, what SPF? _____

Do you tan in a tanning salon? Yes No

Do you have a family history of Melanoma? Yes No

If yes, which relative(s)? _____

Medications: (Please list all current medications) _____

Medications Allergies: _____



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SOCIAL HISTORY: (please circle all that apply)

Cigarette Smoking:

Currently Smokes
Has smoked in the past

Never Smoked
Former Smoker

None
Less than 1 drink per day

Alcohol Use:

1-2 Drinks per day
3 or more drinks per day

Other: _____

Family Medical History (Only first degree relatives)

Preferred Pharmacy Name: _____

Pharmacy Phone #: _____

Pharmacy City or Zip code: _____

REVIEW OF SYSTEMS: Are you currently experiencing any of the following?

Hay Fever	Yes	No	Abdominal Pain	Yes	No
Problems with Bleeding	Yes	No	Bloody Stool	Yes	No
Problems with Healing	Yes	No	Bloody Urine	Yes	No
Keloid	Yes	No	Joint Aches	Yes	No
Rash	Yes	No	Muscle Weakness	Yes	No
Immunosuppression	Yes	No	Neck Stiffness	Yes	No
Chest Pain	Yes	No	Headaches	Yes	No
Fever or Chills	Yes	No	Seizures	Yes	No
Night Sweats	Yes	No	Cough	Yes	No
Unintentional Weight Loss	Yes	No	Shortness of Breath	Yes	No
Thyroid Problems	Yes	No	Wheezing	Yes	No
Sore Throat	Yes	No	Anxiety	Yes	No
Blurry Vision	Yes	No	Depression	Yes	No

Other Symptoms: _____

ALERTS: (please circle all that apply)

Allergy to Adhesive	Artificial Heart Valve
Allergy to Lidocaine	Artificial Joint Replacement
Allergy to Topical Antibiotics	Blood Thinners
Require Antibiotics prior to a surgical procedure	Defibrillator
Rapid heartbeat with epinephrine	MRSA
Pregnant or Trying to become Pregnant	Pacemaker
Dementia	Alzheimer's
HIV+	Hepatitis C