



HEALTH HISTORY

Name (Last, First, M.I.): _____

Date of Birth (mm/dd/yyyy) _____ Age _____ Gender: Male Female

SYSTEM REVIEW

SKIN

- normal
- excessive sunburn
- poor healing
- other skin disorders: _____

CARDIOVASCULAR

- normal
- angina
- artificial heart valve
- mitral valve prolapse
- pacemaker / defibrillator
- hypertension
- heart attack—when? ____/____
- irregular heart beat
- stents—when? ____/____
- other _____

NEUROLOGICAL

- normal
- stroke
- seizures
- dementia
- other _____

HEMATOLOGIC/LYMPHATIC

- normal
- anemia
- bleeding problems
- enlarged lymph nodes
- other _____

ENDOCRINE

- normal
- diabetes
- thyroid
- other _____

INFECTIONS/ALLERGY

- none
- hepatitis—type? B ____ C ____
- HIV/AIDS
- tuberculosis (T.B.)
- history of MRSA
- other _____

RESPIRATORY

- normal
- asthma
- emphysema/COPD
- oxygen—Liters per min _____
- other _____

MUSCULOSKELETAL

- normal
- arthritis
- rheumatoid arthritis
- psoriatic arthritis
- artificial joint(s)—where & when? _____
- metal rods or pins—where & when? _____
- other _____

PSYCHIATRIC

- normal
- depression
- anxiety attacks
- other _____

EARS/NOSE/MOUTH/THROAT

- normal
- hearing aid
- plastic surgery
- other _____

EYES

- normal
- macular degeneration
- dry eye or blepharitis
- other _____

GASTROINTESTINAL

- normal
- stomach ulcer
- colitis
- other _____

GENITOURINARY

- normal
- kidney disease
- dialysis
- other _____

PAST MEDICAL HISTORY

HISTORY OF:

- x-ray treatments (not dental or chest x-rays)
- UV light treatments
- arsenic exposure/treatments
- chronic scar
- immune-suppression or transplant
- cancer other than on the skin
- other acute or chronic illnesses, hospitalizations, or previous surgeries (list) _____
- none of the above

PAST HISTORY OF SKIN CANCER

- No Yes, if yes what type and location:
 - melanoma _____
 - squamous cell _____
 - basal cell _____
 - dysplastic nevi (abnormal mole) _____
 - other skin cancer _____

FAMILY HISTORY OF SKIN CANCER

- none
- melanoma
- squamous cell
- basal cell
- dysplastic nevi (abnormal mole)
- other skin cancer _____

SUN / UV EXPOSURE HISTORY

- excessive sun exposure
- moderate sun exposure
- history of tanning bed use (greater than 50 times)
- current tanning bed use
- regular sun screen use
- sun screen not used regularly

ADVANCE DIRECTIVE

Do you have an Advance Directive?
 No Yes (please provide a copy)

If No, Would you like addition information regarding an Advance Directive? No Yes

HEALTH HISTORY (page 2)

ALCOHOL USE – NOTE Alcohol can increase your risk of bleeding following a biopsy or surgical procedure please refrain from alcohol use 24 hours prior to surgery and 48 hours following a biopsy or surgery.

- None Use socially Use daily
 Addiction issues please explain _____

ILLEGAL DRUG USE

- None Yes (list) _____
 Addiction issues please explain _____

TOBACCO HISTORY – NOTE Smoking can interfere with wound healing following a biopsy or surgical procedure. Please stop tobacco use 1 week prior to surgery and for 2-4 weeks following a biopsy or surgery.

- None Former Use Current Use Type _____
(Cigarettes, chewing tobacco, cigars, etc.)

SOCIAL HISTORY Retired? No Yes Occupation or Former Occupation: _____
Where did you grow up? (City/State/Country): _____

HEIGHT: _____ **WEIGHT:** _____

CURRENT MEDICATIONS/SUPPLEMENTS/VITAMINS: I do not take any medications, supplements or vitamins

List (or attach) all medications/supplements/vitamins you are taking. Include Dose, Frequency, and Route:

Medication/Supplement/Vitamin	Dose	Frequency (daily/twice daily/etc)	Route (oral/injectable/etc)

MEDICATION ALLERGIES & ADVERSE REACTIONS: I do not have any medication allergies/adverse reactions

List (or attach) all allergies and describe the allergic reaction:

Allergy	Reaction (hives/rash/nausea/shortness of breath/etc)

ADDITIONAL PROVIDERS:

Name of Dermatologist (if applicable): _____ **Phone Number:** _____

Name of Primary Care Provider: _____ **Phone Number:** _____

Affiliated Clinic of Primary Care Provider: _____

Preferred Pharmacy: _____ **Pharmacy Phone Number:** _____

DATE COMPLETED: ___/___/___