Dermatology Medical History

NAME: ___________________ DOB: ____________________ DATE: ____________________

Past Medical History

Please place a check mark by any condition you have a history of

- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Atrial Fibrillation
- ☐ Bone Marrow Transplant
- ☐ BPH (Benign Prostatic Hyperplasia)
- ☐ Breast Cancer
- ☐ Colon Cancer
- ☐ COPD
- ☐ Coronary Artery Disease
- ☐ Depression
- ☐ Diabetes
- ☐ GERD
- ☐ Hearing Loss
- ☐ Hepatitis - Type: ______
- ☐ Hypertension
- ☐ HIV/AIDS
- ☐ Hypercholesterolemia
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Leukemia
- ☐ Lung Cancer
- ☐ Lymphoma
- ☐ Prostate Cancer
- ☐ Radiation Treatment
- ☐ Seizures
- ☐ Stroke
- ☐ Other: _________________
- ☐ NONE

Past Surgical History

- ☐ Appendix (Appendectomy)
- ☐ Breast : Lumpectomy
- ☐ Breast: Mastectomy
- ☐ Colon: Colostomy
- ☐ Gallbladder (Cholecystectomy)
- ☐ Heart : Biological Valve Replacement
- ☐ Heart : Coronary Artery Bypass Surgery
- ☐ Heart : Mechanical Valve Replacement
- ☐ Heart : PTCA
- ☐ Joint Replacement: Hip Rt/Lt
- ☐ Joint Replacement : Knee Rt / Lt / Both
- ☐ Kidney : Kidney Stone Removal
- ☐ Ovaries (Oophorectomy)
- ☐ Prostate Cancer
- ☐ Uterus (Hysterectomy)
- ☐ Other: ____________________________
- ☐ NONE

Skin Disease History

- ☐ Acne
- ☐ Actinic Keratosis
- ☐ Basal Cell Skin Cancer
- ☐ Blistering Sunburns
- ☐ Dry Skin
- ☐ Eczema
- ☐ Flaking or Itchy Scalp
- ☐ Hay Fever / Allergies
- ☐ Melanoma: Year _________
- ☐ Poison Ivy
- ☐ Precancerous Moles
- ☐ Psoriasis
- ☐ Squamous Cell Skin Cancer
- ☐ Other: _________________

Do you have a family history of melanoma? Yes / No – Which family member? ________________________________

Do you have a family history of High Blood Pressure? Yes / No – Which family member? ________________________

Medications: *List all medications you are currently taking: (or provide list)* ______________________________________

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Medication Allergies: ____

Social History

- **Smoking – *Circle one* -** Never Smoker / Current every day smoker / Current some day smoker/Former smoker
- **Alcohol History – *Circle one* –** None / Less than 1 drink per day / 1-2 drinks per day / 3 or more drinks per day
- **Occupation and Hobbies:** ____

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