Medical History

Patient Name: _____

Past Medical History

Do you now have, or have you ever been diagnosed with any of the following conditions: (Check if Yes)

- □ Anxiety
- □ Arthritis
- □ Asthma
- □ Atrial fibrillation
- □ Benign Prostate enlargement
- □ Bone Marrow Transplant
- □ Breast Cancer
- □ Colon Cancer
- □ COPD
- □ Coronary artery disease
- □ Depression
- □ Diabetes
- □ End stage kidney disease
- □ GERD/Acid reflux
- □ Hearing loss
- □ Hepatitis B
- □ Hepatitis C
- □ High blood pressure
- □ HIV/AIDS
- □ High cholesterol
- □ Hyperthyroid (high)
- □ Hypothyroid (low)
- □ Leukemia
- □ Lung Cancer
- □ Lymphoma
- □ Prostate cancer (males)
- □ Radiation treatment
- ☐ Seizures
- □ Stroke
- □ **NONE**

Other medical problems not listed above: _____

_____

Surgical History: (Please check all that apply)

- ☐ Appendix Removed
- ☐ Bladder Removed
- ☐ Breast: Breast Biopsy
- ☐ Breast: Lumpectomy (both)
- ☐ Breast: Lumpectomy (left)
- ☐ Breast: Lumpectomy (right)
- ☐ Breast: Mastectomy (both)
- ☐ Breast: Mastectomy (left)
- ☐ Breast: Mastectomy (right)
- ☐ Colon: Colon Cancer Resection Colon: Diverticulitis
- ☐ Colon: Inflammatory Bowel Disease
- ☐ Colon: Colostomy
- ☐ Gallbladder Removed
- ☐ Heart: Biological Valve Replacement
  Heart: Coronary Artery Bypass Surgery
- ☐ Heart: Mechanical Valve Replacement
- ☐ Heart: Heart Transplant
- ☐ Heart: PTCA
- ☐ Joint Replacement: Hip (both) Joint
- ☐ Replacement: Hip (left) Joint
- ☐ Replacement: Hip (right) Joint
- ☐ Replacement: Knee (both) Joint
- ☐ Replacement: Knee (left) Joint
- ☐ Replacement: Knee (right)
- ☐ Kidney: Kidney Biopsy
- ☐ Kidney: Kidney Stone Removal
- ☐ Kidney: Kidney Transplant
- ☐ Kidney: Nephrectomy
- ☐ Liver: Hepatectomy
- ☐ Liver: Liver Transplant
- ☐ Liver: Shunt
- ☐ Ovaries: Endometriosis
- ☐ Ovaries: Ovarian Cancer
- ☐ Ovaries: Ovarian Cyst
- ☐ Ovaries: Tubal Ligation
- ☐ Pancreas: Pancreatectomy
- ☐ Prostate: Prostate Biopsy
- ☐ Prostate: Prostate Cancer
- ☐ Prostate: TURP
- ☐ Rectum: APR
- ☐ Rectum: Low Anterior
- ☐ Resection Skin: Basal Cell
- ☐ Carcinoma Skin: Melanoma
- ☐ Skin: Skin Biopsy
- ☐ Skin: Squamous Cell Carcinoma
- ☐ Spleen Removed
- ☐ Testicles Removed
- ☐ Uterus: Fibroids
- ☐ Uterus: Uterine Cancer
- ☐ Uterus: Cervical Cancer
- ☐ Other _____
- ☐ _____
- ☐ **NONE**

Skin Disease History:

- ☐ Acne
- ☐ Actinic Keratoses
- ☐ Asthma
- ☐ Basal Cell Skin Cancer
- ☐ Blistering Sunburns
- ☐ Dry
- ☐ Eczema
- ☐ Flaking or Itchy Scalp
- ☐ Hay Fever/Allergies
- ☐ Melanoma
- ☐ Poison Ivy
- ☐ Precancerous Moles
- ☐ Psorasis
- ☐ Squamous cell skin cancer
- ☐ Other_____
  _____
- ☐ **NONE**

Do you wear sunscreen?

- ☐ Y
- ☐ N

If yes, what SPF? _____

Do you tan in a tanning salon?

- ☐ Y
- ☐ N

IV. Medications (include dosage)

Please list all: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

V. Allergies (include reaction)

Please list all: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____

VI. Social History

Please circle all that apply:

1. Etoh (alcohol) use:
   - ☐ Y
   - ☐ N
2. Drug Use
   - ☐ Y
   - ☐ N
3. Cigarette Smoking:
   - ☐ Y
   - ☐ N
4. Current everyday smoker ☐
5. Current some day smoker ☐
6. Never Smoked ☐

If yes, please circle what describes you:

- ☐ Former smoker
- ☐ Heavy tobacco smoker
- ☐ Light tobacco smoker

VII. Family History

Family history of:

Skin Cancer-----Melanoma	☐Y / N☐	Which relative:_____
Skin Cancer-----Basal Cell Skin	☐Y / N☐	Which relative:_____
Cancer-----Squamous Cell	☐Y / N☐	Which relative:_____
Abnormal "Dysplastic" Moles	☐Y / N☐	Which relative:_____

VIII. Alerts

Please circle all that apply:

- ☐ Allergy to adhesive
- ☐ Allergy to lidocaine
- ☐ Allergy to topical antibiotics
- ☐ Artificial heart valve
- ☐ Artificial joint replacement
- ☐ Blood thinners
- ☐ Defibrillator
- ☐ MRSA
- ☐ Pacemaker
- ☐ Require antibiotics prior to a surgical procedure
- ☐ Rapid heart beat with epinephrine

Are you pregnant or currently trying to get pregnant?

- ○ Y
- ◉ N