

Name: \_\_\_\_\_

## MEDICAL INFORMATION

### I. Past Medical History

Please circle all that apply:

Anxiety  
Arthritis  
Asthma  
Atrial fibrillation  
Bone Marrow Transplant  
BPH  
Breast Cancer  
Colon Cancer  
COPD  
Coronary Artery Disease  
Depression

Diabetes  
End Stage Renal Disease  
GE Reflux  
Hearing Loss  
Hepatitis  
Hypertension  
HIV/AIDS  
Hypercholesterolemia  
Hyperthyroidism  
Hypothyroidism  
Leukemia

Lung Cancer  
Lymphoma  
Prostate Cancer  
Radiation Treatment  
Seizures  
Stroke  
Other \_\_\_\_\_  
\_\_\_\_\_

NONE

### II. Past Surgical History

Please circle 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

### III. Skin Disease History

Please circle all that apply:

Acne  
Actinic Keratoses  
Asthma  
Basal Cell Skin Cancer  
Blistering Sunburns  
Dry Skin

Eczema  
Flaking or Itchy Scalp  
Hay Fever/Allergies  
Melanoma  
Poison Ivy  
Precancerous Moles

Psoriasis  
Squamous cell skin cancer  
Other \_\_\_\_\_  
\_\_\_\_\_

Do you wear sunscreen? Y / N If yes, what SPF? \_\_\_\_\_

Do you tan in a tanning salon? Y / N

FLIP OVER>>>>>

**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      If yes, please circle what describes you:

- |                         |                      |
|-------------------------|----------------------|
| Current everyday smoker | Former smoker        |
| Current some day smoker | Heavy tobacco smoker |
| Never Smoked            | Light tobacco smoker |

**VII. Family History**

Family history of:

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

**VIII. Alerts**

Please circle all that apply:

- |                                |   |   |
|--------------------------------|---|---|
| Allergy to adhesive            | Blood thinners                                    | Rapid heart beat with epinephrine                     |
| Allergy to lidocaine           | Defibrillator                                     |   |
| Allergy to topical antibiotics | MRSA  |   |
| Artificial heart valve         | Pacemaker   | Are you pregnant or currently trying to get pregnant? |
| Artificial joint replacement   | Require antibiotics prior to a surgical procedure |   |