



PATIENT HISTORY FORM

Date: _____

Name: _____

Last

First

Middle

Birthdate: _____

Primary Care Physician: _____

Referring Provider: _____

Occupation: _____

Preferred Pharmacy: _____ / _____ / _____

Name

Address

Phone

Mail Order Pharmacy: _____

Past Medical History (circle yes or no):

Abnormal Moles	Yes / No	Cancer-List Type	Yes / No
Eczema	Yes / No	Liver Disease / Hepatitis	Yes / No
Asthma	Yes / No	High Blood Pressure	Yes / No
Seasonal Allergies / Hayfever	Yes / No	Pacemaker	Yes / No
Hypo / Hyper Thyroidism	Yes / No	Mitral Valve Prolapse	Yes / No
Diabetes	Yes / No	Heart Valve Replacement	Yes / No
Arthritis	Yes / No	Joint Replacement	Yes / No
Autoimmune Disease	Yes / No	Blood disorder	Yes / No
HIV	Yes / No		

Do you have other medical conditions not listed above?

If you checked Cancer above, please list type here: _____

Past Family & Personal Medical History:

	Personal	Family	Details
Basal Cell Carcinoma			
Squamous Cell Carcinoma			
Malignant Melanoma			
Psoriasis			

Past Surgical History and Hospitalizations: (List All)

Please circle yes or no:

- Do you wear sunscreen? Yes / No
Do you use indoor tanning? Yes / No
Do you take any medications, including Vitamins or supplements? Yes / No
If yes, please list below:

- Do you have allergies to medication? Yes / No
(If yes, please list and give type of reaction:

1. _____
2. _____
3. _____
4. _____

Number of alcoholic drinks per week?

- None Less than 1 per day
 1-2 per day 3 or more per day

Alerts

- Are you a current smoker? Yes / No
Have you ever had a severe reaction to local anesthesia? Yes / No
Are you allergic to adhesive? Yes / No
Are you allergic to topical antibiotic ointments? Yes / No
Are you taking blood thinners? Yes / No
Have you been told to take antibiotics prior to dental or surgical procedures? Yes / No
Do you get a rapid heartbeat with epinephrine? Yes / No
Are you pregnant or planning a pregnancy? Yes / No

Skin Type

If you were first exposed to the summer sun without sunscreen, would you:

1. Always burn, never tan 4. burn minimally, always tan well
 2. Always burn, sometimes tan 5. Rarely burn, tan profusely
 3. Sometimes burn, always tan gradually 6. Never burn, deeply pigmented