MEDICAL HISTORY

Patient Name: _____Date of Birth: _____

Reason for today's visit: _____Today's Date: _____

Are you allergic to any medications? □ Yes □ No If yes, please list: _____

_____

Are you currently taking any medications or vitamins/mineral supplements? □ Yes □ No ; If yes, please list:

_____

_____

What is your preferred Pharmacy: _____

History of Diseases:

Do you have now, or have you ever had diseases or conditions of:

□ High Blood Pressure	□ Lungs	□ Diabetes
□ Chest Pain	□ Thyroid	□ Glaucoma
□ Heart Attack	□ Kidney	□ Stomach
□ Heart Murmur	□ Bowel	□ Hepatitis
□ Irregular Heartbeat	□ Bladder	□ Seizures
□ Pacemaker	□ Arthritis/Joint Deformity	□ Fainting
□ Phlebitis	□ Convulsions, Epilepsy	□ HIV/AIDS

If you checked any of the above history of diseases, please give specifics: _____

Skin History:

When you are exposed to sun do you: □ Tan Only □ Burn □ Tan and Burn

Do you have dry/oily/combination skin: □ Dry □ Oily □ Combination

Has anyone in your family (blood relative) had skin cancer? □ Yes; Relative _____ □ No

Do you have a history of any specific skin conditions?

□ Acne	□ Eczema	□ Tattoo	□ Melanoma
□ Actinic Keratosis	□ Flaking or Itchy Scalp	□ Body Piercing	□ Other _____
□ Blistering Sunburn	□ Precancerous Moles	□ Basal Cell Carcinoma	
□ Dry Skin	□ Psoriasis	□ Squamous Cell Carcinoma	

If you checked any of the above skin diseases, please give specifics, such as date of occurrence and treatment date:

_____

_____

List any other disease or condition we should know about: _____

List surgical procedures you have had in the last 6 months: _____

Please answer the following questions:

A. Do you smoke?	□ Yes	□ No	If yes, how much: _____
B. Do you drink alcohol?	□ Yes	□ No	If yes, how much: _____
C. Do you use illegal drugs:	□ Yes	□ No	If yes, how much: _____
D. Any local anesthesia reaction?	□ Yes	□ No	If yes, specify: _____
E. Do you bleed easily?	□ Yes	□ No	
F. Are you pregnant?	□ Yes	□ No	If yes, due date: _____
G. Do you have artificial joint(s)?	□ Yes	□ No	

H. What is your occupation? _____

I. What are your hobbies? _____

Completed by: _____ Reviewed by: _____(Staff Initials)