

Medical History Form: PLEASE FILL OUT COMPLETELY

Name _____ D.O.B. _____

Primary Care _____ Phone _____

Past Medical History: *Please check all that apply*

- NO KNOWN MEDICAL HISTORY
- Anxiety Colon cancer Hearing loss Lung Cancer
- Arthritis COPD Hepatitis Lymphoma
- Asthma Coronary Artery Disease High Cholesterol Multiple Sclerosis
- Atrial fibrillation (irregular heartbeat) Depression Hypertension (high blood pressure) Prostate cancer
- Bone Marrow Transplant Diabetes HIV/AIDS Seizures
- BPH Diverticulitis Hyperthyroidism Stroke
- Breast Cancer Renal disease Hypothyroidism
- Other _____ GERD (acid reflux) Leukemia

Past Surgical History: *Please check all that apply*

NO SURGICAL HISTORY Cardiologist _____ Last Appointment _____

- Appendix Removed Gallbladder removed Kidney Transplant **CARDIO HISTORY**
- Mastectomy Hysterectomy Ovary Removed Coronary Artery bypass surgery
- R L Both Joint replacement Prostate Removed Defibrillator
- Lumpectomy R/L knee hip Spleen Removed Heart Transplant
- R L Both R/L shoulder Testicles removed Heart Valve Replacement
- Breast Biopsy Year: _____ History of fainting with injections Pacemaker
- Breast Reduction Kidney removal PTCA (angioplasty)
- Breast Implants Kidney Stone removal Stents
- Colon Resection Other _____

Skin Disease History: *Please check all that apply*

- NO SKIN DISEASE HISTORY
- Acne Eczema Precancerous Moles
- Actinic Keratosis Flaking or itchy scalp Psoriasis
- Basal Cell Skin Cancer Hay fever/allergies Squamous Cell Skin Cancer
- Blistering Sunburns Melanoma Other _____
- Dry Skin Poison Ivy Wears Daily Sunscreen SPF: _____

Family History:

- UNKNOWN / NONE Non melanoma skin cancer Melanoma Psoriasis Eczema Auto immune disease

Medications: NONE *Please list all current with strengths if known OR provide receptionist with list*

Pharmacy: _____ Phone: _____

Allergies: *Please list all drug allergies*

- NO KNOWN ALLERGIES Allergy to adhesive Allergy to latex Allergy to lidocaine Allergy to epinephrine

Social History: NO SOCIAL HISTORY Smokes tobacco- daily Smokes tobacco - not daily Has smoked in the past
 Recreational drug use Drinks alcohol- daily Drinks alcohol- not daily History of alcohol abuse