

MEDICAL HISTORY

NAME _____ **DATE** _____

DERMATOLOGY HISTORY

Personal: Basal Cell Carcinoma	YES	NO
Squamous Cell Carcinoma	YES	NO
Malignant Melanoma	YES	NO
Unknown Type of Skin Cancer	YES	NO
Actinic Keratosis (Pre-Cancers)	YES	NO
Dysplastic Nevi (Atypical Moles)	YES	NO
Other _____	YES	NO
Family: Basal Cell Carcinoma	YES	NO
Squamous Cell Carcinoma	YES	NO
Malignant Melanoma	YES	NO
Unknown Type of Skin Cancer	YES	NO
Actinic Keratosis (Pre-Cancers)	YES	NO
Dysplastic Nevi (Atypical Moles)	YES	NO
Other _____	YES	NO

PAST MEDICAL HISTORY

Diabetes Mellitus	YES	NO
GERD (Gastro Esophageal Reflux Disease)	YES	NO
Hyperlipidemia	YES	NO
Hypertension	YES	NO
Hyperthyroidism	YES	NO
Hypothyroidism	YES	NO
Internal Malignancy (Type _____)	YES	NO
Liver Disease (Type _____)	YES	NO
Mitral Valve Prolapse	YES	NO
Communicable Disease: Hepatitis B	YES	NO
Hepatitis C	YES	NO
HIV	YES	NO
Syphilis	YES	NO
Tuberculosis	YES	NO
Other _____	YES	NO

PAST SURGICAL HISTORY

Pacemaker	YES	NO
Defibrillator	YES	NO
Artificial Heart Valve	YES	NO
Joint Replacement: Hip	YES	NO
Knee	YES	NO
Other _____	YES	NO

ALLERGIES (TO MEDICATIONS) YES NO

MEDICATIONS YES NO

SOCIAL HISTORY

Smoking	YES	NO
Alcohol	YES	NO

MISCELLANEOUS

Pregnant	YES	NO
Breastfeeding	YES	NO