

**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

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**MEDICATIONS**      YES      NO

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**SOCIAL HISTORY**

Smoking	YES	NO
Alcohol	YES	NO

**MISCELLANEOUS**

Pregnant	YES	NO
Breastfeeding	YES	NO