



NAME: _____ **DATE OF BIRTH:** _____ **AGE:** _____

SEX: _____ **HEIGHT:** _____ **WEIGHT:** _____ **EMAIL:** _____

PHARMACY: _____ **REFERRED BY:** _____

REASON FOR TODAY'S VISIT: _____

Skin areas involved: _____

How long has the problem been present? _____

Has a skin biopsy been done? No Yes - Result? _____

Was there any previous treatment? No Yes - What? _____

LIST ALL MEDICATIONS (including vitamins, herbs, supplements) **OR BRING SEPARATE LIST:**

DRUG ALLERGIES: _____

HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING? (Circle all that apply.)

- | | |
|---|---|
| Anxiety | Hearing loss |
| Arthritis | Human immunodeficiency virus (HIV/AIDS) |
| Asthma | High cholesterol |
| Atrial fibrillation (irregular heartbeat/arrhythmia) | Hyperthyroidism (high thyroid function) |
| Benign prostatic hyperplasia (enlarged prostate) | Hypothyroidism (low thyroid function) |
| Cataracts | Inflammatory disease of liver (hepatitis) |
| Cerebrovascular accident (stroke) | Leukemia |
| Chronic obstructive lung disease (COPD) | Lymphoma |
| Coronary artery disease | Lung cancer |
| Depression | Breast cancer |
| Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II | Colon cancer |
| End-stage kidney disease (ESRD) | Prostate cancer |
| Gastroesophageal reflux disease (GERD) | Radiation therapy |
| Glaucoma | Seasonal allergies |
| Hypertension (high blood pressure) | Transplantation of bone marrow |
| Other _____ | None _____ |

Name: _____

PAST SURGICAL HISTORY (CIRCLE ALL THAT APPLY):

- | | |
|--|--|
| Appendectomy (appendix removed) | Joint replacement - joint & year: _____ |
| Bilateral tubal ligation | Lumpectomy - circle: left / right / both |
| Cholecystectomy (gallbladder removed) | Mastectomy - circle: left / right / both |
| Colectomy (part of colon removed) | Mechanical heart valve replacement |
| Coronary angioplasty (balloon angioplasty) | Prosthetic heart valve replacement |
| Coronary artery bypass graft | Solid organ transplant - organ: _____ |
| Coronary artery stent | Splenectomy (spleen removed) |
| Hysterectomy | None _____ |
| Other _____ | |

CIRCLE ANY SKIN OR SKIN-RELATED CONDITIONS YOU HAVE HAD:

- | | |
|---|--|
| Acne | Dysplastic nevus (precancerous mole by biopsy) |
| Actinic keratosis (precancer) | Eczema |
| Basal cell carcinoma (BCC) | Melanoma - location & year: _____ |
| Biopsy of skin – result: _____ | Psoriasis |
| Contact dermatitis (rash) due to poison ivy | Squamous cell carcinoma (SCC) |
| Dry skin | Sunburns (blistering) |
| Other _____ | |

Do you wear sunscreen? No Yes – SPF: _____

Have you tanned at a tanning salon or in a tanning bed? Past Present Never

Do you have a **family history of melanoma**? No Yes: Which relative(s)? _____

Do you have a **family history of any other skin cancers**? No Yes

SOCIAL HISTORY

Occupation: _____ Alcohol (Drinks per Day): _____

Smoking: Daily Occasionally In the past Never

IV Drug Use: Past Present Never

Other Drug Use: _____

Sexual Partners: None One Multiple

(For Women) Date of Last Period: _____

ARE YOU CURRENTLY EXPERIENCING ANY OF THESE SYMPTOMS? (Circle all that apply.)

- | | |
|------------------|-----------------------------|
| Changing mole | Muscle weakness |
| Rash | Drenching night sweats |
| Abdominal pain | Seizures |
| Bloody stool | Shortness of breath |
| Bloody urine | Unintentional weight loss |
| Blurry vision | Wheezing |
| Cough | Unwanted hair growth |
| Depression | Itch |
| Fevers or chills | Diarrhea |
| Headaches | Irregular menstrual periods |
| Joint aches | Mouth sores |

DO YOU HAVE ANY OF THE FOLLOWING? (Circle all that apply.)

- Problems with bleeding
- Problems with healing
- Problems with scarring (keloid or hypertrophy)
- Pacemaker
- Defibrillator
- Artificial joint(s) within the last 2 years
- Artificial heart valve
- Need premedication prior to procedures – which meds? _____
- Allergy to adhesive
- Allergy to antibiotic ointments or creams
- Taking blood thinners (including aspirin)
- Pregnant currently, trying to conceive/planning a pregnancy, or breastfeeding currently
- Allergy to lidocaine
- Rapid heartbeat with epinephrine
- Yeast infection with antibiotics
- Immunosuppression (due to marrow or organ transplantation, chemotherapy, biologics, etc.)