



Place Patient Label Here

Medical History



Patient Medical History

Name: _____ Date of Birth: ____-____-____ Today's Date: ____-____-____

Who referred you? _____ Primary Doctor: _____

Name of Pharmacy: _____ Address: _____

MEDICATIONS: See list

Please list all medications including eye drops, vitamins, nutritional supplements, herbal remedies, aspirin, and over-the-counter medications: (please list on back of page if necessary)

DRUG ALLERGIES: No drug allergies *Please list drug allergy and reaction*

Y N Allergy or sensitivity to latex→ what reaction? _____

Y N Intolerance or allergy to dental anesthesia or other numbing medications

MEDICAL HISTORY: *Please circle* the appropriate response:

Infection: Hepatitis B: **Y / N** Hepatitis C: **Y / N** HIV/AIDS: **Y / N**

Skin cancer risk factors: Biopsy of an abnormal mole: **Y / N** Past/Present tanning bed use: **Y / N** Radiation treatment: **Y / N**

Organ Transplant: **Y / N**

Cancer (other than skin)→ type: _____ Other: _____

SURGICAL HISTORY/SKIN CANCER HISTORY:

If you have ever had a skin cancer, please list type (*Basal cell carcinoma, Squamous cell carcinoma, Melanoma*), location, date and treatment if known. If no history of skin cancer write "none"

FAMILY HISTORY:

My family history is not known to me

Do you have a parent, sibling, or child with a history of skin cancer? Yes No

If yes, please list who and what type of skin cancer (*Basal cell carcinoma, Squamous cell carcinoma, Melanoma*)

SOCIAL HISTORY:

Occupation/school: _____

Age 13 and Older: Please answer the following questions:

Smoking history: *please circle*

Never smoker

Heavy tobacco smoker

Light tobacco smoker

Current every day smoker

Smoker, current status unknown

Former Smoker

Current some day smoker

Unknown if ever smoked

Alcohol use: Approximate drinks per week _____

(Females Only) Are you pregnant? Yes No Are you breast feeding? Yes No

How do you prevent pregnancy?

Abstinence (not sexually active)

Oral birth control pills

NuvaRing

Depo Provera

Sexually active, not preventing pregnancy

IUD

Contraceptive patch

Implanted contraception

Hysterectomy

Condoms

Rhythm Method

Other _____

Post-menopausal

Partner with Vasectomy

Tubal ligation