Dermatology Medical History

Patient: _____ Date: _____

Reason for today's visit: _____

Are you allergic to any medications? □ YES □ NO If yes, list:_____

Have you ever had problems with local anesthesia (Lidocaine/Xylocaine)? □ YES □ NO Any serious reaction? □ YES □ NO

List all medications you are currently taking (including prescriptions, over-the-counter meds., vitamins, and herbals):

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Do you take **Aspirin, Coumadin (Warfarin)**, **Plavix, Pradaxa** or other **blood thinner**? □ NO □ YES (Rx)_____

Do you have now, or have you ever had diseases or conditions:

	YES	NO		YES	NO
Pacemaker:	□	□	Diabetes	□	□
Artificial Heart Valves	□	□	Thyroid	□	□
Irregular Heartbeat	□	□	Kidney failure/ dialysis	□	□
High Blood Pressure	□	□	**Hepatitis**	□	□
Heart Attack	□	□	If yes, what type?	□A	□**B** □**C**
Heart Murmur	□	□	**Artificial joints**	□	□
Rheumatic heart disease	□	□	**HIV / AIDS**	□	□
			Convulsions, Epilepsy, Seizures,or Fainting	□	□

Skin:

Have you ever had skin cancer? □ YES □ NO If yes, what kind? _____
Has anyone in your family had skin cancer? □ YES □ NO If yes, what kind? _____
Do you have a history of any specific skin diseases? □ YES □ NO If yes, what? _____
Do you bleed easily, or have a bleeding disorder? □ YES □ NO

List any other diseases or conditions:_____

_____

List surgical procedures you have had in the last 6 months: _____

Social History:

Do you drink alcohol? □ YES □ NO If YES, how many drinks per day? _____

Do you smoke? □ YES □ NO If YES, how much: _____

Have you had or have you been exposed to HIV / AIDS or Hepatitis C? □ YES □ NO

What is your occupation? _____

Who is your **Primary Care Physician** (pedi, family med, internal med)?_____

Women –Menstrual History

Last Menstrual Period : _____ Are you pregnant? □ YES □ NO Are you trying to become pregnant? □ YES □ NO

If pregnant, OB/GYN physician: _____ weeks gestation?_____ estimated due date?_____

_____ _____
Signature of Patient / Legal Guardian Date

_____