

Dermatology Medical History

Name: _____ DOB: _____ Today's Date: _____

Reason for today's visit: _____

Have you ever had dental anesthesia (Novocain)? YES NO Any bad reaction? YES NO

Do you take an antibiotic prior to dental cleaning? YES NO

Do you take a blood thinner? YES NO If YES, which one? _____

Do you have a pacemaker/defibrillator/stimulator/other electrical device in your body? YES NO

Do you have now, or have you ever had diseases or conditions of: (Please CIRCLE if yes)

Asthma	Diabetes	Arthritis
Shortness of Breath	Thyroid Disease	Artificial Joint
High Blood Pressure	Abnormal Kidney Function	Dementia
Seizures	Irregular Heartbeat	Immune Suppressed
Inflammation of a Vein	Stomach Ulcer	Glaucoma
Blood Clot	Bleeding Disorder	Liver Disease
Depression/Anxiety	Artificial Heart Valve	
Yeast infection while taking antibiotics		

Are you currently experiencing: (Please CIRCLE if yes)

Fever/Chills	Weakness/Vision Changes	Easy Bleeding/Bruising
Cough/Shortness of Breath	Sun Sensitivity	Burning with Urination
Nausea/Vomiting/Diarrhea	Joint Pain	Swollen Glands
Chest Pain	Bleeding/Painful/Itching/Changing Skin Lesions	Nose Bleeds
Headache	Rash	

Skin History (Please CIRCLE if yes)

Actinic Keratosis (pre-cancer)	Melanoma	Other: (please list)
Basal Cell Carcinoma	Eczema	
Squamous Cell Carcinoma	Psoriasis	

Do you have a family history of skin cancer? YES NO Don't Know Please list: _____

Other diseases or conditions: _____

Surgical procedures you have had within the last 6 months: _____

Any history of other types of cancer (besides skin cancer)? YES NO If YES, what type? _____

Do you develop keloids (thick scars) after surgery YES NO

Do you develop skin rashes in reaction to Medications Food Environment Bandages Topical Polysporin
 Other _____

Do you drink alcohol? YES NO If YES

(Women) Are you pregnant? YES NO Due Date: ___/___/___ Breastfeeding? YES NO

What is your occupation? _____

Complete by: Patient Guardian

		(Office Use Only)
Patient or Guardian Signature	Date	Reviewed by MA:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____