

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PATIENT MEDICAL HISTORY**

**DETAILS**

Asthma:  \_\_\_\_\_

Diabetes:  \_\_\_\_\_

Hepatitis:  \_\_\_\_\_

Heart Disease:  \_\_\_\_\_

High Blood Pressure:  \_\_\_\_\_

HIV/AIDS:  \_\_\_\_\_

Internal Cancer:  \_\_\_\_\_

Seasonal Allergies:  \_\_\_\_\_

Thyroid Disorder:  \_\_\_\_\_

Other:  \_\_\_\_\_

**SURGERY/HOSPITALIZATIONS:    DATE                                    ANESTHESIA COMPLICATIONS                                    NOTES**

SURGERY/HOSPITALIZATIONS:	DATE	ANESTHESIA COMPLICATIONS	NOTES

**PATIENT SKIN HISTORY (please check all that apply)    TREATMENT**

**PHYSICIAN**

ACTINIC KERATOSIS:  \_\_\_\_\_

BASAL CELL CARCINOMA:  \_\_\_\_\_

ECZEMA:  \_\_\_\_\_

MALIGNANT MELANOMA:  \_\_\_\_\_

PSORIASIS:  \_\_\_\_\_

SQUAMOUS CELL CARCINOMA:  \_\_\_\_\_

URTICARIA/HIVES:  \_\_\_\_\_

**PATIENT FAMILY HISTORY (CHECK ALL THAT APPLY)**

Family Member(s)

- Adopted:
- Asthma/Allergies:  \_\_\_\_\_
- Diabetes :  \_\_\_\_\_
- Internal Cancer :  \_\_\_\_\_
- Malignant Melanoma :  \_\_\_\_\_
- Psoriasis:  \_\_\_\_\_
- Skin Cancer:  \_\_\_\_\_
- Skin Disease:  \_\_\_\_\_

**Allergies to Medications:**

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Alcohol Use: None \_\_\_\_ Socially \_\_\_\_  
Daily \_\_\_\_\_

Illegal Drugs: Yes \_\_\_\_ No \_\_\_\_

History of STDs: Yes \_\_\_\_ No \_\_\_\_

Is patient under Hospice Care? \_\_\_\_\_. If yes, do not answer the next 3 questions.

Ages 50-75: Have you had a colonoscopy in the last 9 years? Yes \_\_\_\_\_, No \_\_\_\_\_, total colectomy \_\_\_\_\_

Ages 51-74: Have you had a mammogram in the last 2 ½ years? Yes \_\_\_\_\_, No \_\_\_\_\_, total mastectomy \_\_\_\_\_

Have you experienced a recent fall or a problem with gait or balance? Yes \_\_\_\_\_, No \_\_\_\_\_, N/A \_\_\_\_\_

**Patient Smoking History**

Please check one:

- Current tobacco non-user
- Current tobacco user
- Current smokeless tobacco user (chew, snuff)
- Former smoker started: \_\_\_\_\_ ended: \_\_\_\_\_
- Never smoker

Please list all medications and doses:

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