

Medical History and Intake Form



Patient Name: _____ DOB: (MM/DD/YYYY): _____

Referred By: _____ Occupation _____

Reason for visit, location of problem, duration of problem: _____

Past Medical History: (Check all that apply. If NONE, please check NONE)

- Allergies (Seasonal)
- Asthma
- Bleeding Disorder (or bleeding issue)
- Cancer: _____
- Coronary Artery Bypass
- Depression
- Diabetes
- Fever Blister
- Heart Valve Replacement
- High Blood Pressure
- High Cholesterol
- HIV/AIDS
- Joint Replacement
- Kidney Transplant
- Liver Disease
- Lumpectomy
- Lupus / Rheumatoid Arthritis
- Mastectomy
- Organ Transplant
- Thyroid Disease
- NONE**

Do you have a history of Skin Cancer or Skin Disorders? (Examples: acne, actinic keratosis, basal cell, melanoma, psoriasis, squamous cell) Yes _____ No _____ If yes, please indicate condition or disorder: _____

Family History of Skin Cancer including Melanoma? Yes _____ No _____

If yes, whom: _____

Medications: (Enter all current medications including non-prescription and birth control; if none mark N/A)

Allergies: (Please enter all allergies including allergy to medications; if none mark N/A)

Social History:

Do you smoke? Yes ___ No ___ If yes, how much? _____ Do you drink alcohol? Yes ___ No ___ If yes, how much? _____

Review of Systems: (Check all that apply)

- Problems with bleeding
- Problems with healing
- Problems with scarring/keloids
- Fever or Chills
- Night sweats
- Unintentional weight loss
- Joint pain

Alerts: (Check all that apply. If NONE, please check NONE)

- Allergy to Adhesive
- Allergy to Lidocaine
- Allergy to Topical Antibiotics
- Artificial Heart Valve
- Artificial Joint Replacement
- Blood Thinners
- Defibrillator
- MRSA
- Pacemaker
- Require antibiotics prior to a surgical procedure
- Rapid heart beat with Epinephrine
- Are you pregnant or currently trying to get pregnant? Notify physician verbally
- Breastfeeding
- NONE**

Preferred Pharmacy Name: _____

Telephone (if known): _____

Address (or cross streets): _____

City: _____

Patient / Guardian Signature:	Date:
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