Premier Dermatology
MEDICAL • SURGICAL • COSMETIC

MEDICAL HISTORY

Patient Name: ______________________________________ **Date of Birth:** _____________ **Today's Date:** __________
(Last, First, Middle Initial)

Patient Signature: _______________________________________

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
- ○ Seizures
- ○ Stroke
- ○ Thyroid Disease
- ○ NONE

DO YOU HAVE A HISTORY OF SKIN CANCER OR SKIN DISORDERES? YES_______ NO________
(Examples: acne, actinic keratosis, basal cell, melanoma, squamous cell)

If yes, please indicate condition or disorder: ____

FAMILY HISTORY OF SKIN CANCER INCLUDING MELANOMA? YES_______ NO________

If yes, whom and what kind of cancer? ____

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

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

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SOCIAL HISTORY:

Do you smoke? YES_______ NO________ If yes, how much? _______________________________

Do you drink alcohol? YES_______ NO________ If yes, how much? _______________________________

REVIEW OF SYSTEMS:

- ○ 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
  If yes, indicate where__________
- ○ Blood Thinners
- ○ Defibrillator
- ○ MRSA
  Pacemaker
- ○ Require antibiotics prior to a surgical procedure
- ○ Rapid heartbeat with Epinephrine
- ○ Are you pregnant or currently trying to get pregnant?
- ○ Breastfeeding
- ○ NONE