History and Intake Form

Name: _____ **DOB:** _____

Past Medical History: (please circle all that apply)

Anxiety
Arthritis
Asthma
Atrial fibrillation
Transplantation
Breast Cancer
Colon Cancer
COPD
Coronary Artery Disease
Depression
Diabetes
End Stage Renal Disease
GERD
Hearing Loss
High Blood Pressure
HIV/AIDS
High Cholesterol
Thyroid Problems
Leukemia
Lung Cancer
Lymphoma
Prostate Cancer
Radiation Treatment
Seizures
Stroke

NONE

Other: _____

Past Surgical History:

NONE

Other:

_____
_____
_____

Skin Disease History: (please circle all that apply)

Acne
Actinic Keratoses
Asthma
Basal Cell Skin Cancer
Blistering Sunburns
Dry Skin
Eczema
Flaking or Itchy Scalp
Hay Fever/Allergies
Melanoma
Poison Ivy
Precancerous Moles
Psoriasis
Squamous Cell Skin Cancer
NONE

Other: _____

Do you wear Sunscreen? Yes No If yes, what SPF? _____
Do you have a history of tanning bed use? Yes No
Do you still use tanning beds? Yes No

Do you have a family history of Melanoma? Yes No
If yes, which relative(s)? _____

Preferred Pharmacy: _____
Location/Phone Number: _____

Medications: (please enter all current medications)

_____
_____
_____
_____

Social History: (please circle all that apply)

Cigarette Smoking:	**Alcohol Use:**
Currently Smokes	EtOH – None
Has smoked in the past	EtOH – less than 1 drink per day
Never smoked	EtOH – 1-2 drinks per day
Former smoker	EtOH – 3 or more drinks per day

Other:

_____
_____

Review of Systems: (please circle all that apply)

Problems with bleeding	Unintentional weight loss	Neck stiffness
Problems with healing	Thyroid problems	Headaches
Problems with scarring	Sore throat	Seizures
Rash	Blurry vision	Cough
Immunosuppression	Abdominal pain	Shortness of breath
Hay fever	Bloody stool	Wheezing
Chest pain	Bloody urine	Anxiety
Fever or chills	Joint aches	Depression
Night sweats	Muscle weakness	**NONE**

Other: _____

Alerts: (please circle all that apply)

Allergy to adhesive	Blood thinners	Rapid heartbeat with epinephrine
Allergy to lidocaine	Defibrillator	Currently pregnant or trying?
Allergy to topical antibiotics	MRSA	History of HIV/AIDS
Artificial heart valve	Pacemaker	Hepatitis C
Artificial joint replacement	Require antibiotics prior to surgery	**NONE**