

# DERMATOLOGY MEDICAL HISTORY FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Prefer to be called \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ **Did a doctor recommend that you see a dermatologist?** No Yes, Dr. \_\_\_\_\_

For my prescription medications, I prefer (circle one): Brand only    Generic only    Either Brand or Generic would be fine

**General Medical History:** Do you have or have you ever had any of the following?

|  |   |  |
|--|---|--|
| Y N Pacemaker or defibrillator   | Y N Acne &/ or Rosacea (circle)   | Y N HIV or AIDS  |
| Y N Asthma   | Y N Overgrown scars or keloids  | Y N Hepatitis (what type?) A B C                         |
| Y N Hayfever, seasonal allergies   | Y N Kidney problems (what type?)  | Y N Liver cirrhosis or other liver problems              |
| Y N Eczema   | Y N Epilepsy or seizures  | Y N Herpes-(circle) genital or mouth                     |
| Y N Psoriasis  | Y N Crohn's disease or ulcerative colitis                                     | Y N Genital warts  |
| Y N Diabetes, controlled with (circle):<br>diet, medication, insulin   | Y N Arthritis (if yes, osteoarthritis,<br>rheumatoid, or psoriatic?)          | Y N Blistering sunburns (how many and<br>where on body?) |
| Y N High cholesterol   | Y N Thyroid problem (what type?)  | Y N Tuberculosis   |
| Y N High blood pressure  | Y N Osteoporosis  | Y N Blood clots in legs (DVT)                            |
| Y N Stroke   | Y N Organ transplant (what type?)   | Y N Anemia   |
| Y N Heart attack   | Y N Fibromyalgia  | Y N Blood transfusion (when)                             |
| Y N Angina/ Coronary artery disease  | Y N Reflux/ GERD/ Heartburn or peptic ulcers                                  | Y N Bleeding disorder                                    |
| Y N Congestive heart failure   | Y N Emphysema or COPD   | Y N Anxiety  |
| Y N Heart murmur or heart valve problem  | Y N Melanoma  | Y N Depression   |
| Y N Have you been told to take antibiotics<br>before dental procedures due to a heart<br>murmur, heart valve, or artificial joint? | Y N Basal cell or squamous cell skin cancer<br>(where on body, when treated?) | Y N Cancer (what type, how treated, and<br>when?)        |

**Surgeries:**

|  |  |   |
|--|--|---|
| Y N Abnormal moles proven on biopsy  | Y N Artificial joint (If yes, which one & when?)                 | Y N Gallbladder removed                           |
| Y N Heart valve replacement  | Y N Appendix removed   | Y N Heart bypass surgery                          |
| <b>Female Patients:</b>  | Y N Are you planning to get pregnant?<br>If yes, when: _____     | Y N Prone to yeast infections with<br>antibiotics |
| Y N Are you pregnant or breastfeeding?<br>If not, method of birth control: _____ | Y N Hysterectomy (if yes, uterus only or<br>uterus and ovaries?) | Y N Tubal ligation (tubes tied)                   |

**Other Medical Problems or Surgeries:** \_\_\_\_\_

**Allergies to medications** and type of allergic reaction (example: hives, difficulty breathing, swelling) \_\_\_\_\_

**Medications** (Prescription, Non-Prescription, Vitamins, Herbs): \_\_\_\_\_

**Skin Type:** If 1<sup>st</sup> exposed to the sun in the summer without sunscreen, would you: 1. always burn, never tan 2. always burn, sometimes tan  
3. sometimes burn, always tan gradually 4. burn minimally, always tan well 5. rarely burn, tan profusely 6. never burn, deeply pigmented

**Social History:** Do you smoke or use tobacco? Y N Do you drink alcohol? Y N Number per day \_\_\_\_\_ per week \_\_\_\_\_ per year \_\_\_\_\_

Marital status: \_\_\_\_\_ Children: \_\_\_\_\_ Hobbies: \_\_\_\_\_ Occupation/ School: \_\_\_\_\_

Pets: \_\_\_\_\_

Do you wear sunscreen everyday: \_\_\_\_\_ if so, what SPF?: \_\_\_\_\_

Where were you born: \_\_\_\_\_

**Family History:** Circle any conditions affecting a blood relative. Specify who is affected below the circle.

Melanoma    Basal cell or squamous cell skin cancer    Breast Cancer    Psoriasis    Eczema    Hayfever or allergies    Asthma    Acne

**I would like more information about (circle):**

Fillers such as Restylane, Radiesse, Juvederm, Perlane, Sculptra, \_\_\_\_\_ to treat wrinkles or volumize areas

Botox (to treat wrinkles between the eyebrows, around the eyes, forehead, neck)

Facial spider veins, "broken" blood vessels, or redness of the face

Microdermabrasion

Spider veins on the legs

Chemical peels

Brown spots (liver spots) or discoloration on the face, hands, chest, arms

Mineral make-up

Sunscreens

Laser hair removal

Skin care or product advice

Botox for excessive sweating of underarms, palms, soles

Anti-aging topical products

**Signature of person filling out this form** \_\_\_\_\_ **Today's date** \_\_\_\_\_