



Patient Name: _____

Date of birth: _____

HISTORY AND INTAKE FORM

PAST MEDICAL HISTORY (CIRCLE ALL THAT APPLY):

NONE

- Anxiety
- Arthritis
- Asthma
- Atrial fibrillation
- Bone marrow transplant – Year: _____
- Cancer (Type: _____)
- COPD
- Depression
- Diabetes
- End-Stage Renal Disease
- GERD
- PCOS

- Hearing loss
- Hepatitis - Type if known: _____
- HIV/AIDS
- Hypertension
- Overactive thyroid
- Underactive thyroid
- Leukemia
- Coronary Artery Disease
- Radiation treatment _____
- Seizures
- Stroke
- Pacemaker/Defibrillator
- Other _____

MAJOR SURGERIES (CIRCLE ALL THAT APPLY)

NONE

- Knee replacement Right or Left
- Colon surgery
- Gallbladder removed
- Heart surgery (Type: _____)
- Hip replacement Right or Left
- Hysterectomy Full or Partial
- Other: _____

- Lumpectomy Right, Left, Bilateral
- Mastectomy Right, Left, Bilateral
- Organ transplant (Organ: _____)
- Ovaries removed
- TURP
- Testicles removed Right, Left, Bilateral

SKIN DISEASE HISTORY (CIRCLE ALL THAT APPLY)

NONE

- Acne
- Blistering sunburns
- Dry skin
- Eczema
- Melanoma – Year: _____
- Basal cell carcinoma – Year: _____
- Squamous cell carcinoma – Year: _____

- Poison Ivy rash
- Psoriasis
- Rosacea
- Abnormal Moles
- Actinic keratosis (pre-skin cancer)
- Efudex/Fluorouracil
- MOHs surgery

SOCIAL HISTORY (CIRCLE ALL THAT APPLY)

TOBACCO USE:

- Current smoker
- Daily
- Not daily
- Smoked in the past
- Never smoked

ALCOHOL USE:

- Social only
- < 1 drink daily
- 1-2 drinks daily
- ≥ 3 drinks daily
- None

ALERTS: (CIRCLE ALL THAT APPLY)

- Artificial joint
- Artificial heart valve
- Blood thinners
- Defibrillator
- HIV/Hepatitis
- Immunosuppressant
- Pacemaker
- Antibiotics prior to surgery

FAMILY HISTORY (Mother, Father, Sister, Brother, or Children)

- Melanoma: _____
- Rheumatoid arthritis: _____
- Non-melanoma skin cancer: _____

- Polycystic ovary disease: _____
- Severe acne: _____