



PERSONAL MEDICAL INFORMATION

Name _____ DOB _____

CURRENT MEDICATIONS (may also provide a list):

REVIEW OF SYSTEMS (Current or Past Problems)

- Major Surgeries/Hospitalization

HISTORY of Skin Cancer

Personal: (if yes, give dates and location on body)

Basal Cell Y N _____

Squamous Cell Y N _____

Melanoma Y N _____

Family: _____ Basal Cell _____ Squamous Cell _____ Melanoma

Details: _____

PERSONAL HISTORY:

Heart Attack	Y	N	Stroke	Y	N	Non-Skin Cancer	Y	N
Heart Disease	Y	N	Autoimmune Disease	Y	N	Kind? _____		
Kidney Disease	Y	N	Diabetes (Sugar)	Y	N	Blood/Bleeding disorder	Y	N
Liver Disease	Y	N	High Blood Pressure	Y	N	Infectious Disease?		
Lung Disease	Y	N	Thyroid Disease	Y	N	TB	Y	N
Other: _____			Hepatitis	Y	N	HIV	Y	N

Do you have a pacemaker/Defibrillator?	Y	N	Do you take antibiotics prior to procedures?	Y	N
Do you have an artificial joint/heart valve?	Y	N	Do you form keloids or thick scars?	Y	N

Allergies (Medication/Drug/Food): _____

Allergic to Iodine?	Y	N	Allergic to X-Ray/IVP Dye?	Y	N
Allergic to Latex?	Y	N	Nickel or Metal Allergy?	Y	N
Allergic to Adhesive?	Y	N			

Social History

Do you smoke?	Y	N	How much? _____		
Did you smoke in the past?	Y	N	How long? _____		
Drink Alcohol?	Y	N	Socially/Occasionally _____	Heavily _____	
Use tanning beds?	Y	N	Have you in the past?	Y	N

Occupation: _____

Signature of Patient _____

Date _____ **STAFF INITIAL.** _____