

Name: _____ DOB: _____ Date: _____

Are you allergic to, or have you had a reaction to any drugs? If so, please list with reaction(Ex: Penicillin-Rash):

Please list your **personal** medical history here. Please do not list **family** history here:

Yes	No	
		History of skin cancer? If yes, list location, year and type: Basal Cell, Squamous Cell, Melanoma.
		History of other cancers: Lung, Breast, Prostate, Etc.
		History of Acne?
		History of Keloids or Large Scars?
		History of Eczema or Dermatitis?
		History of Psoriasis?
		History of Hair Disorders? Please specify.
		History of Nail Disorders?
		Lung problems: Emphysema, tuberculosis, asthma, or other?
		Endocrine problems? Diabetes, Thyroid, Etc.
		Heart, Blood Pressure or Circulation problems? List type.
		Do you have a Pacemaker?
		Stomach or Intestinal problems? Specify.
		Arthritis, bone or muscle problems? Specify.
		Psychiatric: Depression, Bipolar disorder, Schizophrenia, or other? Specify.
		Neurologic: Seizures, Stroke, MS, or other? Specify.
		Autoimmune diseases: Lupus, Rheumatoid Arthritis, Scleroderma, or other? Specify.
		Eye, ear, nose, or throat problems? Specify.
		Kidney, bladder, prostate or female organ disorder? Specify.
		Anemia, leukemia, or blood diseases? Specify
		Are you pregnant?
		Are you planning a pregnancy?
		Illicit Drug Use?

Cigarette Smoking: Never Smoke Former Smoker Smoke Daily: How much? _____

Chewing Tobacco: Never Former Current: How much? _____

Sexual History: Not active Active with one partner Active with more than one partner Same sex partner

Alcohol Use: None Less than 1 drink a day 1-2 drinks a day 3 or more a day

Is there a **family** history of any of the above conditions? (**List immediate family only: mother/father/brother/sister**)

Please list only the names of medications you are currently taking:

History Form Page Two:

Name: _____ DOB: _____ Date: _____

Please circle past surgeries:

Appendix Removed

Angioplasty of Heart

Bladder Removed

Breast Biopsy (right left bilateral)

Breast Implants

Breast Reduction

Coronary Artery Bypass

Gallbladder Removed

Heart Transplant

Kidney Biopsy

Kidney Removed: (right or left)

Kidney Stone Removal

Kidney Transplant

Lumpectomy (right left bilateral)

Mastectomy (right left bilateral)

Mechanical/Biological Valve Replacement

Prostate Biopsy

Prostate Removed due to Prostate Cancer

Skin Biopsy

Spleen Removed

Testicles Removed: (right left bilateral)

TURP

Colectomy:

Colon Cancer Resection

Diverticulitis

Inflammatory Bowel Disease

Hysterectomy due to:

Fibroids

Uterine Cancer

Other: _____

Joint Replacement: Knee (right left bilateral)

Ovaries Removed due to:

Hip (right left bilateral)

Endometriosis Cyst Ovarian Cancer

Skin Surgery:

Basal Cell Carcinoma

Squamous Cell Carcinoma

Melanoma

N/A to above conditions

Other Surgeries not listed: _____
