

DERMATOLOGY MEDICAL HISTORY SHEET

Patient: _____ Date of Birth: ___/___/___ Age: _____ Today's Date: ___/___/___
Reason for today's visit: _____
Referred by: _____ How did you hear about our clinic _____

Are you allergic to any medications? YES NO If yes, Please list
1. _____ 2. _____ 3. _____

Have you ever had dental anesthesia (Novocaine)? YES NO Any bad reaction? YES NO

List all medications you are currently taking (including prescriptions, over-the-counter medications., vitamins, and herbals)
1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Other medications: _____

Do you take aspirin or blood thinners (coumadin, plavix)? YES NO

Skin:

Have you ever had skin cancer? YES NO IF YES, TYPE: _____
Has anyone in your family had skin cancer? YES NO IF YES, TYPE: _____
Do you have a history of any specific skin diseases? YES NO IF YES, TYPE: _____
Do you have problems with healing? YES NO
Do you develop Keloids (scars) after surgery? YES NO
Do you bleed easily? YES NO
Do you develop skin rashes in reaction to Medications Food Environment Bandages Topical Neosporin
Other _____

Past Medical History:

Heart Murmur	YES	NO	High Blood Pressure	YES	NO
Heart Attack	YES	NO	Chest Pain	YES	NO
History of Blood Clots	YES	NO	Arthritis/Joint Deformity	YES	NO
Artificial joint	YES	NO	Diabetes	YES	NO
Rheumatic fever	YES	NO	Tuberculosis	YES	NO
Hepatitis	YES	NO	Aids/HIV	YES	NO
Cancer	YES	NO	IF YES, TYPE: _____		

Any other medical conditions? _____

Past surgeries if any? NONE _____

Have you traveled out of U.S. recently? YES NO If yes, where? _____

Females: Are you pregnant, planning a pregnancy, or breast feeding? YES NO

SIGNATURE: _____ **Date:** ___/___/___

Notice of Privacy Practices Acknowledgement

I have received the Notice of Privacy Practices, and I have been provided with an opportunity to review it.

Signature: _____ Date: _____

Office Use Only: I have attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Signature: _____ Date: _____ Reason: _____