

**THE DERMATOLOGY GROUP, LLC  
HISTORY AND INTAKE FORM**

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

• **Past Medical History:** (Please circle all that apply)

Anxiety	Diabetes	Lung Cancer
Arthritis	End Stage Renal Disease	Lymphoma
Asthma	GERD	Pacemaker
Atrial Fibrillation	Hearing Loss	Prostate Cancer
BPH	Hepatitis	Radiation Treatment
Bone Marrow Transplant	Hypertension	Seizures
Breast Cancer	HIV/AIDS	Stroke
Colon Cancer	Hypercholesterolemia	Valve Replacement
COPD	Hyperthyroidism	None
Coronary Artery Disease	Hypothyroidism	
Depression	Leukemia	

Other: \_\_\_\_\_

• **Past Surgical History:** (Please circle all that apply)

Appendix Removal	Joint Replacement, Knee (RT, LT, Both)	TURP
Bladder Removed	Joint Replacement, Hip (RT, LT, Both)	Skin Biopsy
Mastectomy (RT, LT, Bilateral)	Joint Replacement within last 2 years	Basal Cell Carcinoma
Lumpectomy (RT, LT, Bilateral)	Kidney Biopsy	Squamous Cell Carcinoma
Breast Biopsy (RT, LT, Bilateral)	Kidney Removed (RT, LT)	Melanoma
Colectomy: Colon Cancer	Kidney Stone Removal	Spleen Removed
Colectomy: Diverticulitis	Kidney Transplant	Testicles Removed
Colectomy: IBD	Ovaries Removed: Endometriosis	Hysterectomy: Fibroids
Gallbladder Removed	Ovaries Removed: Cyst	Hysterectomy: Uterine Cancer
Coronary Artery Bypass	Ovaries Removed: Ovarian Cancer	Hysterectomy: Partial
PTCA	Prostate Removed: Cancer	Hysterectomy: Cyst
Mechanical Valve Replacement	Prostate Biopsy	None
Biological Valve Replacement		
Heart Transplant		

Other: \_\_\_\_\_

• **Personal Skin Disease History:** (Please circle all that apply)

Acne	Blistering Sunburn	Hay Fever / Allergies	Psoriasis
Actinic Keratosis	Dry Skin	Melanoma	Squamous Cell Carcinoma
Asthma	Eczema	Poison Ivy	None
Basal Cell Carcinoma	Flaking or Itchy Scalp	Precancerous Moles	

Other: \_\_\_\_\_

• **Immediate Family Skin Disease History:** (Please circle all that apply) Please write relationship next to all that apply.

Acne	Blistering Sunburn	Hay Fever / Allergies	Psoriasis
Actinic Keratosis	Dry Skin	Melanoma	Squamous Cell Carcinoma
Asthma	Eczema	Poison Ivy	Vitiligo Hairloss
Basal Cell Carcinoma	Flaking or Itchy Scalp	Precancerous Moles	None

Other: \_\_\_\_\_

Do you wear sunscreen?                    Yes      No            If yes, what SPF? \_\_\_\_\_  
 Do you tan in a tanning salon?        Yes      No  
 Do you bleed easily?                    Yes      No  
 Are you currently pregnant?    Yes    No    If yes, how far along? \_\_\_\_\_

• **Medications:** (Please list all current medications)            None  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• **Allergies:** (Please list all allergies)            No Known Drug Allergies (NKDA)  
 \_\_\_\_\_

• **Social History:** (Please circle all that apply)

Currently Smokes - Daily                    Has Never Smoked                    Has Smoked in the Past  
 Currently Smokes - Not Daily              Drug Use

• **Review of Systems:** Are you CURRENTLY experiencing any of the following: (Please list all that apply)

Rash	Yeast Infections with Antibiotics	Shortness of Breath
Changing Mole	GI upset with antibiotics	Headaches
Blood Thinners	Anxiety	Bloody Urine
Immunosuppression	Abdominal Pain	Bloody Stool
Pregnancy or Planning	Unintentional Weight Loss	Blurry Vision
Allergy to Lidocaine	Problems with Bleeding	Chest Pain
Allergy to Topical Antibiotic Ointments	Problems with Healing	Cough
Allergy to Adhesive	Hypertrophic or Keloid Scarring	Depression
Pacemaker	Hay Fever	Fever or Chills
Defibrillator	Muscle Weakness	Sore Throat
Premedication Prior To Procedures	Thyroid Problems	Seizures
Rapid Heart Beat with Epinephrine	Night Sweats	Wheezing
Artificial Joints in the last 2 years	Neck Stiffness	
Artificial Heart Valve	Joint Aches	

• **Preferred Phone Number:** \_\_\_\_\_

• **Can we leave a detailed message at that number?** Yes    No

• **I authorize the release of my medical information to:** \_\_\_\_\_  
Name/Relationship

• **Current Pharmacy:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Street:** \_\_\_\_\_