History and Intake Form

First Name:__________________ **Last Name:**______________________________ **Date:**__________________

Date of Birth:_________________ **Age:**_________

Primary Care Doctor:______________________________________ **Who referred you?**__________________________

Reason for Visit:____

Race:
□ White / Caucasian □ Black or African American □ Asian □ Hispanic / Latino □ American Indian/ Alaska Native

□ Native Hawaiian / Other Pacific Islander □ Mixed □ Other □ Unknown □ Patient declines to provide information

Ethnicity: □ Hispanic / Latino □ **Not** Hispanic / Latino □ Patient declines to provide information

Gender: □ Male □ Female

Preferred Language: □ English □ Spanish □ Other:_____________________________

Contact Preference: □ Letter □ Telephone call

Pharmacy: name: _____________________________ address:_______________________ phone:_________________

Past Medical History: (please list)

____
____
____
____
____

Past Surgical History: (please list)

____
____
____
____

Skin Disease History: (for example, skin cancers or rashes. Please list)

____
____
____
____
____

Social History: (Please circle or check all that apply)

Smoking: □ Currently □ Has smoked in the past □ Never smoked □ Former smoker
Alcohol Use: □ None □less than 1 drink/day □ 1-2 drinks/day □ 3+ drinks/day
Other____

Family History (Only first degree relatives)

____
____
____

Do you have a family history of Melanoma? Yes No
If yes, which relative(s)? ____

Current Medications: ☐ None

Name	Dose	How taken?

Allergies to Medications: (Please enter all allergies and what kind of reaction)

____
____
____
____

Review of Systems: Are you currently experiencing any symptoms *related to your current skin problem today*?

☐ No ☐Yes If yes, what kind of symptoms?____

ALERTS: (please circle all that apply)

Allergy to Adhesive
Allergy to lidocaine
Allergy to topical antibiotics
Artificial heart valve
Artificial joint replacement
Blood thinners
Defibrillator

MRSA
Pacemaker
Require antibiotics prior to a surgical procedure
Rapid heart beat with epinephrine
Are you pregnant or currently trying to get pregnant?

Patient Signature:____