

Bardstown Dermatology PSC

114 Manor Avenue
Bardstown, Kentucky 40004
(502) 349-9999

Name: _____

Date of Birth: ____/____/____.

REASON FOR VISIT: _____

Referred by: _____

Past Medical History: (please circle all that apply)

Anxiety	Heart Disease	Hypothyroidism
Arthritis	Depression	Leukemia
Artificial joints	Diabetes	Lung Cancer
Asthma	Kidney Disease	Lymphoma
Atrial fibrillation	Reflux	Pacemaker
BPH (Prostate Hyperplasia)	Hearing Loss	Prostate Cancer
Bone Marrow	Hepatitis	Radiation Treatment
Transplantation	High Blood Pressure	Seizures
Breast Cancer	HIV/AIDS	Stroke
Colon Cancer	Hypercholesterolemia	Valve Replacement
COPD	Hyperthyroidism	
Other _____		

Past Surgical History: (please circle all that apply)

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

Completed by: Patient / Other

Reviewed by: _____ DATE: _____

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Review of Systems: Are you currently experiencing any of the following?
(please mark if symptom is present)

Symptom		Symptom	
Latex allergy?		Thyroid problems?	
Allergy to lidocaine?		Sore throat	
Premedication prior to procedures?		Fever or chills?	
Pacemaker / Defibrillator		Night sweats	
Artificial Joint within last 2 years		Unintentional weight loss?	
Artificial heart valve?		Abdominal pain	
Adhesive allergy?		Blurry vision	
Allergy to topical antibiotic ointments?		Joint aches	
Blood thinners?		Muscle weakness	
Pregnancy or planning pregnancy?		Neck stiffness?	
Rapid heart beat with epinephrine		Headaches	
Yeast infections with antibiotics?		Seizures	
GI upset with antibiotics?		Anxiety	
Problems with bleeding?		Depression	
Problems with healing?		Cough	
Problems with scarring (hypertrophic / keloid)		Shortness of breath	
Changing mole		Bloody stool	
Rash		Bloody urine	
Immunosuppression			
Hay fever?			
Wheezing?			
OTHER:			

Completed by: Patient / Other

Reviewed by: _____ DATE: _____