

PATIENTS NAME _____ PATIENTS DOB _____

Past Medical History: (please circle all that apply or circle none)

Anxiety	Depression	High Cholesterol	Cancer:
Arthritis	Diabetes	Thyroid Problems	Type _____
Asthma	End Stage Renal Disease	Leukemia	Other: _____
Bone Marrow	Hearing Loss	Lymphoma	NONE
Transplantation	Hepatitis	Radiation Treatment	
COPD	High Blood pressure	Seizures	
Coronary Artery Disease	HIV/AIDS	Stroke	

Past Surgical History: (please circle all that apply or circle none)

Heart: Biological Valve Replacement	Joint Replacement, Hip (Right, Left, Bilateral)
Heart: Coronary Artery Bypass	Other: _____
Heart Transplant	NONE
Heart: Mechanical Valve Replacement	
Joint Replacement, Knee (Right, Left, Bilateral)	

Skin Disease History: (please circle all that apply or circle none)

Acne	Flaking or Itchy Scalp	Squamous Cell Skin Cancer
Actinic Keratoses	Hay Fever/Allergies	Other: _____
Basal Cell Skin Cancer	Melanoma	NONE
Blistering Sunburns	Poison Ivy	
Dry Skin	Precancerous Moles	
Eczema	Psoriasis	

Do you wear Sunscreen? Yes No

Do you tan in a tanning salon? Yes No

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

Medications: (Please enter all current medications **or provide a list**)

Allergies: (Please enter all allergies)

Cigarette Smoking: Current Smoker Former smoker Never smoked

For patients 65 and older: Have you received one or more pneumonia vaccination? **Yes** **No**

Have you had a Flu vaccine this season? **Yes** **No** If yes, which month? _____

Significant Immediate Family History: (Please list medical condition and which relative)

Review of Systems: Are you currently experiencing any of the following?

	Yes	No		Yes	No
Fever/Chills			Allergy to topical antibiotics		
Current Infection			Artificial heart valve		
Immunosuppression			Artificial joint replacement		
Nausea/Vomiting			Blood thinners		
Diarrhea or GI complaints			Defibrillator		
Shortness of Breath			MRSA		
Muscle aches			Pacemaker		
Joint aches			Require antibiotics prior to a surgical procedure		
Allergy to Adhesive			Rapid heartbeat with epinephrine		
Allergy to lidocaine			Currently pregnant or trying to get pregnant		