Patient History Questionnaire

Patient Name: _____ Date of Birth: _____ / _____ / _____

Specific Area of Concern: _____

Minors only: Weight: _____ Height: _____

Allergies:

Medication or Substance	Reaction or Symptom
_____	_____
_____	_____

Current Medications (including Supplements):

Name and dosage	Name and dosage	Name and dosage
_____	_____	_____
_____	_____	_____

Past Medical History:

Please check all that apply

_____ Blood Clots
_____ Cancer: _____
_____ Diabetes
_____ Heart Problems: _____
_____ Hepatitis/Liver Disease
_____ High Blood Pressure
_____ High Cholesterol
_____ HIV/AIDS
_____ Lung Disease
_____ Seizure Disorder
_____ Skin Cancer/Disease
_____ Stroke
_____ Thyroid Problems
Other: _____

Please list any surgeries/hospitalizations with dates

_____
_____
_____
_____
_____

Family Medical History: *Please list any direct relatives with a history of* ***skin cancer*** *or* ***skin disease***

_____

Social History:

Occupation: _____
Alcohol Use: ___ Yes ___ No
Tobacco Use: ___ Current ___ Former ___ Never

Where did you grow up? _____
Number of drinks per week? _____
Tanning Bed Use: ___ Current ___ Former ___ Never

Females Only:

Are you currently pregnant or trying to get pregnant? ___ Yes ___ No Are you currently nursing? ___ Yes ___ No

Date of last menstrual period: _____/_____/_____ Current contraception/birth control method: _____

	YES	NO		YES	NO
Skin	---	---	**Gastrointestinal**	---	---
Itching			Nausea/Vomiting		
Rashes			Diarrhea		
Non-healing sore(s)			**Cardiovascular**	---	---
Dry skin/lips			Pacemaker		
Acne			Currently taking blood thinners/Aspirin		
Mole Changes			**Respiratory**	---	---
New Growth			History of Asthma/Wheezing/Shortness of Breath ***(If yes, circle appropriate answer)***		
Constitutional	---	---	**Ear/Nose/Throat**	---	---
Weight Loss			Nose Bleeds		
Fatigue			Hay Fever		
Fever			**Musculoskeletal**	---	---
Psych	---	---	Joint Pain		
Depression			**Eyes**	---	---
Neurological	---	---	Dry Eyes		
Headaches			Blurred Vision		
Vasovagal Reaction/Fainting with Blood Draws			**Lymph Nodes**	---	---
			Painful/Swollen Lymph Nodes		