

History and Intake Form

Allergies: (Please enter all allergies + reactions)

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 Transplantation	Hypertension	Seizures
Breast Cancer	HIV/AIDS	Stroke
Colon Cancer	Hypercholesterolemia	Valve Replacement
COPD	Hypertroidism	None
Coronary Artery Disease	Hypothyroidism	
Depression	Leukemia	
Other _____		

Past Surgical History:

Skin Disease History: (please circle all that apply)

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

Do you wear sunscreen? Yes No
 If yes, what SPF? _____
 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)

Social History: (Please circle all that apply)

Currently Smokes - daily	Has never smoked
Currently Smokes - not daily	Drug Use
Has smoked in the past	None
Alcohol use	

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

- Problems with bleeding
- Problems with scarring (hypertrophic or keloid)
- Hay fever
- Chest pain
- Fever or chills
- Shortness of breath
- Wheezing
- General overall health is good
- No other skin complaints today

Reason for Visit

Reason _____	Reason _____	Reason _____
Symptoms: _____	Symptoms: _____	Symptoms: _____
Duration: _____	Duration: _____	Duration: _____
Location: _____	Location: _____	Location: _____
Severity: Mild /Mod/Severe	Severity: Mild /Mod/Severe	Severity: Mild /Mod/Severe
Modifying Factors: _____	Modifying Factors: _____	Modifying Factors: _____

Pregnant or breast feeding: Yes No

Preferred pharmacy to send Prescriptions to: _____

Marital Status(circle one) Single Married Divorced Separated Widowed Other:

Ethnicity(circle one) Hispanic/Latino Non Hispanic/Latino I choose not to specify

Race (circle one) American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander
 Black/African American White I choose not to specify Other:

Preferred Language (circle one) English Spanish American Sign Language
 I choose not to specify Other: