History form

Patient: _____ DOB: _____

Primary Care Provider: _____

Reason for today's visit:

_____

What treatment have you used for the problem? _____

_____

Have you seen a doctor for this before? ____ Yes ____ No When? _____ Treatment_____

Are you allergic to any Medications ____ Yes ____ No If yes, list below:

_____

List all medications you are currently taking (including dosage, prescriptions, over-the-counter, vitamins):

_____

_____

Do you have now, or have you ever had any of the following: (please check yes or no)

Hay Fever	____ Yes ____ No	Hepatitis	____ Yes ____ No
Asthma	____ Yes ____ No	HIV (AIDS)	____ Yes ____ No
Heart Disease	____ Yes ____ No	Diabetes	____ Yes ____ No
Pacemaker	____ Yes ____ No	Thyroid Disease	____ Yes ____ No
Bleeding Tendency	____ Yes ____ No	Kidney Disease	____ Yes ____ No
Artificial Joint	____ Yes ____ No	Seizures	____ Yes ____ No
Depression	____ Yes ____ No	Organ Transplant	____ Yes ____ No

Skin:

Have you ever had Skin cancer? ____ Yes ____ No

Basal Cell carcinoma: Location: _____

Squamous Cell Carcinoma: Location: _____

Melanoma: Location: _____

Has anyone in your family had Melanoma Skin Cancer? ____ Yes ____ No Who _____

Do you have a history of eczema (atopic dermatitis)? ____ Yes ____ No

Do you have a history of any other specific skin diseases? ____ Yes ____ No What _____

Never smoker ___ Former smoker ___ Currently daily Smoker ___ Current someday smoker ___

Have you ever used a tanning parlor? ____ Yes ____ No

What is your Height _____ Weight _____

Have you had pneumonia vaccine ? ____yes ____ No

Have you had the Flu Vaccine ? ___yes ____No

Preferred pharmacy: _____

Do you have a healthcare proxy, power of attorney and/ or a living will?

Yes ___ Name_____ Relashionship_____ Phone_____

No ___

For Women Only: Are you pregnant or trying to get pregnant? ____ Yes ____ No Due Date: _____

I understand that if I am trying to get pregnant or I become pregnant I will stop all oral and topical medications you have prescribed and contract this office. Please initial here _____ sign _____ date_____