

Patient History and Intake Form

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Patient: _____ Date of Birth: _____ Today's Date: _____

Past Medical History: (Please circle all that apply.)

- | | | | |
|---|--|----------------------|---------------------|
| Anxiety | Colon cancer | Hearing loss | Lymphoma |
| Arthritis | COPD (chronic obstructive pulmonary disease) | Hepatitis | Prostate cancer |
| Asthma | Coronary artery disease | Hypertension | Radiation treatment |
| Atrial fibrillation (irregular heartbeat) | Depression | HIV/AIDS | Seizures |
| BPH (benign prostatic hyperplasia) | Diabetes | Hypercholesterolemia | Stroke |
| Bone marrow transplant | End stage renal disease | Hyperthyroidism | Other _____ |
| Breast cancer | GERD (gastroesophageal reflux disease) | Hypothyroidism | _____ |
| | | Leukemia | None |
| | | Lung cancer | |

Past Surgical History: (Have you had any surgeries on the following organs? Please circle all that apply.)

- | | | | |
|---|--|---|---------------------------------------|
| Appendix: Appendectomy | Colon (Colectomy): Inflamm. bowel disease | Joint Replacement: Hip (right? left? both?) | Skin: Squamous cell cancer |
| Bladder: Cystectomy (removal) | Gallbladder: Cholecystectomy (removal) | Kidney: Kidney biopsy | Skin: Melanoma |
| Breast: Mastectomy (right? left? both?) | Heart: Coronary artery bypass | Kidney: Nephrectomy (removal) | Spleen: Splenectomy (removal) |
| Breast: Lumpectomy (right? left? both?) | Heart: PTCA (balloon angioplasty) | Kidney: Kidney stone removal | Testicles: Orchiectomy (removal) |
| Breast: Biopsy | Heart: Mechanical valve replacement | Kidney: Kidney transplant | Uterus (Hysterectomy): Fibroids |
| Breast: Reduction | Heart: Biological valve replacement | Ovaries removed: Endometriosis | Uterus (Hysterectomy): Uterine cancer |
| Breast: Implants | Heart: Heart transplant | Ovaries removed: Ovarian cyst | Other _____ |
| Colon (Colectomy): Colon cancer resection | Joint Replacement: Knee (right? left? both?) | Ovaries removed: Ovarian cancer | _____ |
| Colon (Colectomy): Diverticulitis | | Prostate removed: Prostate cancer | None |
| | | Prostate: Prostate biopsy | |
| | | Prostate: TURP (transurethral resection) | |
| | | Skin: Skin biopsy | |
| | | Skin: Basal cell cancer | |

Skin Disease History: (Please circle all that apply.)

- | | | | |
|------------------------|------------------------|---------------------|---------------------------|
| Acne | Blistering sunburns | Hay fever/allergies | Psoriasis |
| Actinic keratoses | Dry skin | Melanoma | Squamous cell skin cancer |
| Asthma | Eczema | Poison ivy | Other _____ |
| Basal cell skin cancer | Flaking or itchy scalp | Precancerous moles | _____ |
| | | | None |

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, what relative(s)? _____

Allergies: (Please enter all allergies and describe what kind of reaction you had.)

Social History: (Please circle all that apply.)

Smoking Status:

- | | |
|--------------------------|---------------|
| Current every day smoker | Former smoker |
| Current some day smoker | Never smoker |

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Review of Systems: (Please circle all that apply.)

Problems with bleeding
Problems with healing
Problems with scarring (hypertrophic or keloid)
Immunosuppression
Changing mole
Rash
Abdominal pain
Anxiety
Bloody stool
Bloody urine
Blurry vision
Chest pain
Cough
Depression
Fever or chills
Headaches
Hay fever
Joint aches
Muscle weakness
Neck stiffness
Night sweats

Seizures
Shortness of breath
Sore throat
Thyroid problems
Unintentional weight loss
Wheezing

Pacemaker
Defibrillator
Artificial joints within past 2 years
Artificial heart valve
Premedication prior to procedures
Allergy to adhesives
Allergy to topical antibiotic ointments
Blood thinners
Pregnancy or planning a pregnancy
Allergy to Lidocaine
Rapid heart beat with epinephrine
Yeast infections with antibiotics
GI upset with antibiotics

Current Medications: Please list each medication, the strength (for example, 40 mg), and dosage (how often you take it--for example, twice a day).