HISTORY & INTAKE

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Patient's Name: _____ Date of Birth _____ Today's Date _____
(Please Print)

Past Medical History: (please ☑ all that apply)

- ☐ Anxiety disorder
- ☐ Arthritis
- ☐ Asthma
- ☐ Atrial fibrillation
- ☐ BPH (Benign prostatic hyperplasia)
- ☐ Cerebrovascular accident
- ☐ COPD (Chronic obstructive lung disease)
- ☐ Coronary Artery Disease
- ☐ Depression
- ☐ Diabetes
- ☐ Elevated blood pressure
- ☐ End-stage renal disease
- ☐ Epilepsy (Seizures)
- ☐ GERD (Gastroesophageal reflux disease)
- ☐ History of Hypertension
- ☐ Hearing Loss
- ☐ HIV (Human Immunodeficiency Virus Infection)
- ☐ Hypercholesterolemia
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Inflammatory disease of liver
- ☐ Leukemia
- ☐ Malignant lymphoma
- ☐ Malignant tumor of lung
- ☐ Malignant tumor of breast
- ☐ Malignant tumor of colon
- ☐ Malignant tumor of prostrate
- ☐ Radiation treatment
- ☐ Transplantation of bone marrow
- ☐ Other _____

Past Surgical History: (please ☑ all that apply)

- ☐ Abdominoperineal resection
- ☐ Bilateral replacement of knee joints
- ☐ Biopsy of breast
- ☐ Biopsy of prostate
- ☐ Coronary artery bypass graft
- ☐ Entire transplanted kidney
- ☐ Excision of basal cell carcinoma
- ☐ Excision of melanoma
- ☐ Excision of squamous cell carcinoma
- ☐ History of colostomy
- ☐ History of tubal ligation
- ☐ History of appendectomy
- ☐ History of bilateral mastectomy
- ☐ History of cholecystectomy
- ☐ History of colectomy
- ☐ History of liver excision
- ☐ History of coronary angioplasty
- ☐ History of tissue graft heart valve replacement
- ☐ History of total cystectomy
- ☐ History of transurethral prostatectomy
- ☐ Hysterectomy
- ☐ Kidney biopsy
- ☐ Lower anterior resection of rectum
- ☐ Lumpectomy of breast
- ☐ Lumpectomy of left breast
- ☐ Lumpectomy of right breast
- ☐ Mastectomy of left breast
- ☐ Mastectomy of right breast
- ☐ Mechanical heart valve replacement
- ☐ Oophorectomy
- ☐ Pancreatectomy
- ☐ Percutaneous extraction of kidney stone
- ☐ Portosystemic shunt operation
- ☐ Prostatectomy
- ☐ Prosthetic arthroplasty of bilateral hips
- ☐ Splenectomy
- ☐ Surgical biopsy of skin
- ☐ Total nephrectomy
- ☐ Total orchidectomy
- ☐ Total replacement of left hip joint
- ☐ Total replacement of left knee joint
- ☐ Total replacement of right hip joint
- ☐ Total replacement of right knee joint
- ☐ Transplantation of heart
- ☐ Transplantation of liver
- ☐ Other _____

Patient/Guarantor Signature: _____ Date: _____

Missed appointments without a compelling reason may be charged a no-show fee up to $100 unless 24 hours' advance notice is given.
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Skin Condition History: (please ☑ all that apply)

- ☐ Acne
- ☐ Actinic keratosis
- ☐ Asteatosis cutis (very dry skin)
- ☐ Basal cell carcinoma of skin
- ☐ Contact dermatitis due to poison ivy
- ☐ Dysplastic naevus of skin
- ☐ Eczema
- ☐ History of asthma
- ☐ History of hay fever /allergies
- ☐ Malignant melanoma
- ☐ Pruritus of scalp
- ☐ Psoriasis
- ☐ Squamous cell carcinoma
- ☐ Sunburn of second degree

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)? _____

Any other family history? _____

Pharmacy: _____ Pharmacy Address _____

Medication (Please list all current medications including dose, quantity and how often)

_____

_____

_____

Allergies (Please enter all allergies)

_____

_____

Social History (please circle one)

Cigarette Smoking:

- ☐ Never smoked
- ☐ Quit: Former smoker
- ☐ Smokes less than daily
- ☐ Smokes daily

Alcohol Use: YES NO

If yes, how often _____

Have you received a Flu Shot within the last year? YES NO

Have you received the Pneumonia Vaccination within the last 10 years? YES NO

Patient/Guarantor Signature: _____ Date: _____

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