

NAME: _____ DOB: _____ MR#: _____

DERMATOLOGY OF NOBLESVILLE - KARL W. SIEBE, MD

PATIENT HISTORY & INTAKE FORM

MEDICAL HISTORY (Circle all that apply & write in other conditions not listed):

Anxiety	Coronary Artery Disease	Thyroid Disease
Arthritis	Depression	Leukemia
Atrial Fibrillation	Diabetes	Lung Cancer
Bone Marrow Transplant	End Stage Renal Disease	Lymphoma
Breast Cancer	GERD (Acid Reflux)	Prostate Cancer
Colon Cancer	Hearing Loss	Radiation Treatment
COPD	Hepatitis	Seizures
HIV/AIDS	High Blood Pressure	Stroke
	High Cholesterol	

Other: _____

PAST SURGICAL HISTORY (Circle all that apply & write in other surgeries not listed):

Appendectomy	Joint Replacement within the last 2 years
Mastectomy (Right, Left, Bilateral)	Kidney Biopsy (Right, Left)
Lumpectomy (Right, Left, Bilateral)	Kidney Removal (Nephrectomy - Right, Left)
Breast Biopsy (Right, Left, Bilateral)	Kidney Stone Removal
Breast Reduction	Kidney Transplant
Colon Cancer Resection	Ovaries Removal (Endometriosis, Cyst, Cancer)
Colectomy: (Diverticulitis/IBD)	Prostate Removal/TURP: (Prostate Cancer)
Gallbladder Removal	Prostate Biopsy
Coronary Artery Bypass	Spleen Removal
Mechanical Valve Replacement	Testicle Removal (Right, Left, Bilateral)
Biological Valve Replacement	Hysterectomy (Complete or Partial)
Hip Joint Replacement (Right, Left, Bilateral)	Knee Joint Replacement (Right, Left, Bilateral)

Other: _____

OVER