

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

Acne	Actinic Keratosis	Asthma	Basal Cell Skin Cancer
Blistering Sunburns	Dry Skin	Eczema	Flaking or Itchy Scalp
Hay Fever/Allergies	Melanoma	Poison Ivy	Precancerous Moles
Psoriasis	Squamous Cell Skin Cancer		

Other: _____

Do you wear Sunscreen? _____ Yes _____ No If Yes, what SPF do you use? _____

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 & STRENGTH (IF YOU HAVE A LIST WE CAN COPY - WRITE SEE ATTACHED LIST):

DRUG AND OTHER ALLERGIES:

SOCIAL HISTORY (Circle all that apply):

Tobacco Use: None Former Smoker Currently Smokes

Alcohol Use: None Less than 1 drink per day 1-2 drinks per day 3 or more drinks per day

Height: _____ Weight: _____

FAMILY HISTORY OF THE FOLLOWING (APPLIES TO PARENTS, GRANDPARENTS, SONS, DAUGHTERS, AUNTS, UNCLES, BROTHERS, SISTERS, NIECES, NEPHEWS – WRITE WHO):

Heart Disease: _____ High Blood Pressure: _____

Cancer & Type of Cancer if Known _____

Diabetes: _____ Stroke: _____

ALERTS (Circle all that apply):

Allergic to Adhesive	Allergic to Lidocaine	Allergic to Topical Antibiotics	Artificial Heart Valve
Artificial Joint Replacement	On Blood Thinners	Has A Defibrillator	MRSA Has A Pacemaker
Require Antibiotics Prior to Surgical Procedures	Rapid Heart Rate with Epinephrine	Allergic to LATEX	
Currently Pregnant or Trying to Get Pregnant			