

HEALTH HISTORY

Name:					D	ate of Bi	irth:				А	ppoint	ment Date:				
Preferred Language:					C	Occupatio	on/Empl	oyer:									
PCP:								ı				Phor	ne:				
Sun Exposure History :	Blis	tering	g Sunbu	rns	Υ	N	Tanni	ng Be	d Use (in	past)	Nev	er/	Occas	sionally	F	requently	Currently
Reason for Today's Visi		4 5-			:-l D		C			- h - ih - f - u - u - u		-1					
***Please note: If you are coming i		acne, Ec	zema, Psor	iasis, Hai	rioss, Ro	asn or a	Perfor			ebsite for sup	piemento	al question	naire to sti	reamline yo	our visit.		
Please list everything you AM:	ou a	re us	ing on y	our si	kin cu	irrent	ly if it r	elates	to the r	eason fo	PM:	r visit to	oday:				
GENERAL HEALTH																	
Artificial Heart Valve / Infection									utane (L er Sores		onths)						
•	Artificial Joint (Past 2 Years) Hepatitis, Type:							Diab		•							
*HIV/AIDS					_				entia								
•	*HSV (Fever blister) Infection					\square N		High	Blood Pi	ressure		ПΥ	\square N				
*Organ Transplant					ΠY				erthyroid				□ N				
*Pacemaker/Defibrillato					_				immune					T			
*Staph Bacterial Infection *Vasovagal Reaction (Fa		ing)							er (Othe ly Hx of					Type:			
*Premedication Prior to			res						ation Tre							<u>':</u>	
Surgical Procedures (W	/ithir	n the	Past 2 Y	'ears):													
SKIN CANCER	— HIS	STO	RY														
Have you had Melanon	na s'	kin ca	ncer?					Yes	No	Locat	ion(s)	& date	(s):				
Have you had Basal cel				ີ) skin	canc	er?		Yes	No								
Have you had Squamou							er?	Yes	No								
Has any first degree rel	ative	e in y	our fam	ily ha	d Me	lanon	na?	Yes	No		and w						
Are you allergic to:			Otl	ner Dr	ug Al	lergie	s / Rea	action	:			SC	OCIA	L HIS	TORY	•	
*Adhesive									_			Ale	cohol L	Jse:		Cigarette Sm	oking:
*Epinephrine													None			☐ Never Sm	oked
*Lidocaine		Y										_		ink a Da		☐ Former Sr	
*Antibiotic Ointment ☐ Y ☐ N *Latex ☐ Y ☐ N														inks a E Iore Pei	•	☐ Currently	Smoke
															,		
CURRENT MEDIC	ATI	ON	S Lis	t all c	urren	t med	dicatio	ns (inc	cluding c	hemoth	erapy	, over-t	the-cou	ınter, v	itamin	s, supplement	:s):
*Pregnant or Planning							od cou	ınts							followi	ng vaccinatio	ns?
Currently Breastfeeding Y N Recent Biologic Med. Y N				Abnormal scarring Liver Disease					_		Flu (Oct – Mar Only) Pneumonia (65+ Yea			Only)			
History of Chemo				Kidney Insufficiency				Y N Shingles (
Problems with Bleeding Y N				Blood thinners					Y N Covid				•				
Immunosuppression Y N				Other					Human Papillo					a Virus	(HPV)		
SKIN HISTORY (plea	ise in	iclude i	if you	have	e bot	h past	and/	or prese	ently)							
None					_	_					sthma		Υ	N			
Actinic Koratosos / Brosancors				Y	N						llergie:		Y	N			
Actinic Keratoses/Precancers Atypical Moles				Y Y	N N						andruf ry Skin		Y Y	N N			
Contact Dermatitis to F	Ϋ́	N						czema		Ϋ́	N						
Discalagation					N.	ı					_ ::	•					

