

Patient's Full Name \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

**MEDICAL HISTORY**

Current Medications: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Family History of Skin Cancer?  NO  YES, Type: \_\_\_\_\_ Relation: \_\_\_\_\_

Personal History of Skin Cancer?  NO  YES, Type: \_\_\_\_\_

Dermatology Medications:  NO  YES \_\_\_\_\_

Do you have any of the conditions listed below: (please check yes or no)

	YES	NO		YES	NO
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Problems	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Irregular Heart Beat	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Aids	<input type="checkbox"/>	<input type="checkbox"/>
Phlebitis	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Type of Cancer _____		

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*\*Patient or Legal Guardian\*

**PHYSICIAN SIGNATURE** \_\_\_\_\_

