WINE COUNTRY DERMATOLOGY

MEDICAL HISTORY AND INTAKE FORM

PLEASE CIRCLE ALL THAT APPLY

PAST MEDICAL HISTORY

Anxiety
Arthritis
Artificial Joints
Asthma
Atrial Fibrillation
Bone Marrow Transplantation
BPH
Breast Cancer
Colon Cancer
COPD
Coronary Artery Disease
Depression
Diabetes
End Stage Renal Disease
GERD
Hearing Loss
Hepatitis
Hypertension
HIV/AIDS
Hypercholesterolemia
Hyperthyroidism
Hypothyroidism
Leukemia
Lung Cancer
Lymphoma
Prostate Cancer
Radiation Treatment
Seizures
Stroke
Other _____
Preferred Pharmacy
- Name/location _____

Primary Care Physician _____

Referring Physician _____

Physician Specialist(s) _____

PAST SURGICAL HISTORY

Appendix Removed
Bladder Removed
Breast Biopsy (Right, Left, Bilateral)
Lumpectomy (Right, Left, Bilateral)
Mastectomy (Right, Left, Bilateral)
Colectomy: Colon Cancer Resection
Colectomy: Diverticulitis
Colectomy: IBD
Colostomy
Gallbladder Removed
Biological Valve Replacement
Coronary Artery Bypass
Heart Transplant
Mechanical Valve Replacement
Percutaneous transluminal coronary angioplasty
Joint Replacement, Hip (Right, Left, Bilateral)
Joint Replacement, Knee (Right, Left, Bilateral)
Joint Replacement within last 2 years
Kidney Biopsy
Kidney Stone Removal
Kidney Transplant
Kidney Removed (Right, Left)
Liver: Hepatectomy
Liver: Liver Transplant
Liver: Shunt
Ovaries Removed: Endometriosis
Ovaries Removed: Ovarian Cancer
Ovaries Removed: Cyst
Tubal Ligation
Pancreas: Pancreatectomy
Prostate Biopsy
Prostate Removed: Prostate Cancer
Transurethral Resection of the Prostate
Basal Cell Cancer Surgery
Squamous Cell Carcinoma Surgery
Melanoma Surgery, Date _____
Spleen Removed
Testicles Removed (Right, Left, Bilateral)
Hysterectomy: Fibroids
Hysterectomy: Uterine Cancer
Hysterectomy: Cervical Cancer
Other _____

SKIN DISEASE HISTORY

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

Do you wear Sunscreen? ☐ Yes ☐ No

If yes, what SPF? (sun protection factor)
_____

Do you tan in a tanning salon? ☐ Yes ☐ No

Do you have a family history of Melanoma? ☐ Yes ☐ No

If yes, which relative(s)?

_____

_____

PLEASE ENTER ALL CURRENT MEDICATIONS AND ALLERGIES

MEDICATIONS

j _____
j _____
j _____
j _____
j _____
j _____
j _____
j _____
j _____
j _____

ALLERGIES

л _____
л _____
л _____
л _____
л _____
л _____
л _____
л _____
л _____
л _____

PLEASE CIRCLE ALL THAT APPLY

SOCIAL HISTORY

TOBACCO
- Never smoked
- Former smoker
- Smokes less than daily
- Smokes daily

SEXUAL HISTORY
- Not sexually active
- Sexually active with one partner
- Sexually active with more than one partner
- Same sex partner

ILLICIT DRUG USE
- Drug use
- IV drug use

ALCOHOL
- None
- Less than 1 drink a day
- 1-2 drinks a day
- 3 or more drinks a day

SAFETY
- I feel safe at home
- I do not feel safe at home
- Other _____

FAMILY HISTORY

Only First-Degree Blood Relatives: Parents, Full Siblings, Children:

Eczema
Psoriasis
Seasonal Allergies
Asthma
Hay Fever
Problems with Bleeding
Problems with Blood Clots
Scarring, Keloids
Colon Cancer
Kidney Cancer
Other_____

Have you had the Pneumococcal Vaccine?
☐ Yes ☐ No

REVIEW OF SYSTEMS

Headaches
Blurry Vision
Abdominal Pain
Joint Aches
Depression
Fatigue
Fever or Chills
Chest Pain
Shortness of Breath
Muscle Weakness
Tingling or Numbness
Night Sweats
Unintentional Weight Loss
Swollen/painful lymph nodes
Loss of Appetite
Bone Pain
Problems with Bleeding
Problems with Healing
Scarring, Keloids
Hay Fever
Immunosuppression
Changing Mole
Rash
Anxiety
Bloody Stool
Bloody Urine
Cough
Sore Throat
Thyroid Problems
Wheezing

ALERTS

Allergy to Lidocaine
Allergy to Adhesive
Allergy to Topical Antibiotic
Pregnancy or Planning a Pregnancy
Pacemaker or Defibrillator
Artificial Joints within Past 2 Years
Artificial Heart Valve
Premedication Prior to Procedures
Blood Thinners
Rapid Heartbeat with Epinephrine
Yeast Infections with Antibiotics
GI Upset with Antibiotics

West Africa: Travel or Contact

Ebola Risk:
- Fever ≥ 100.4 °F

- Resided or traveled to country with wide-spread Ebola transmission in the last 21 days

- Contact with an Ebola patient without proper equipment in the last 21 days

- Headaches, weakness, muscle pain, vomiting, diarrhea, abdominal pain, and/or hemorrhage