

Patient History/Intake (Advanced Dermatology)



Patient Name: _____ DOB: _____

Date: _____

Primary Care Physician:	Phone #	Whom may we thank for referring you?
List any known allergies (including latex)	List all medications you are currently taking including medicated creams.	

Do you smoke?	<input type="checkbox"/> Never Smoked	<input type="checkbox"/> Smoke Everyday	<input type="checkbox"/> Former Smoker/Quit (How long? _____)	<input type="checkbox"/> Smoke Sometimes	
	Average packs per day? _____				
Do you use chewing tobacco?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Daily	<input type="checkbox"/> Quit (When? _____)	
Do you drink alcoholic beverages?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a reaction to anesthetics?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:					
Have you ever had skin cancer?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type/where on the body?					
Have you ever had an abnormal mole?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:					
Has anyone in your family had skin cancer?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who and what type?					
Has anyone in your family had an abnormal mole?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:					
Are you now or have you ever used a tanning bed?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how frequent/how long ago?					
Do you have a history of heavy sun exposure?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had blistering sunburn or sunburn that required a physician visit?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any medical problems unrelated to the skin?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:					

Please describe the skin problem(s) you are currently experiencing:

How long have you had this problem? _____