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**Diplomats of the American Board of Dermatology**

**General, Surgical and Cosmetic Dermatology**

**Shavano Commons Business Park Helotes Country Village Westover Hills**

**Medical History**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_**

**Pharmacy Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pharmacy Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Medications & Supplements**

**(*If none, please print none*)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication Name** | **Dosage** | **Medication Name** | **Dosage** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Allergies

# (*If none, please print none*)

|  |  |  |  |
| --- | --- | --- | --- |
| **Allergy** | **Reaction** | **Allergy** | **Reaction** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Patient Past Medical History**

**(*Please check appropriate boxes*)**

|  |  |  |  |
| --- | --- | --- | --- |
| No Pertinent Past Medical History |  | Hepatitis / HIV / Tuberculous (TB) |  |
| Antibiotics Prior to Routine Dental Procedures |  | High Blood Pressure |  |
| Asthma/COPD |  | Kidney Disorder |  |
| Autoimmune Disorder/Lupus |  | Liver Disorder |  |
| Bleeding Disorder |  | Neurologic Disorder/MS/Dementia |  |
| Blood Clot/DVT/Thrombophlebitis |  | Pacemaker/Defibrillator |  |
| Cancer (Other than skin cancer) |  | Radiation Therapy |  |
| Depression/Psychiatric Disorder |  | Reflux/Peptic Ulcers/Crohn’s/Ulcerative Colitis |  |
| Diabetes |  | Thyroid Disorder |  |
| Heart Disease/Murmur |  | Other History |  |

**Skin History**

**(*Please check appropriate boxes*)**

|  |  |  |  |
| --- | --- | --- | --- |
| No Significant Skin History |  | Other Suspicious Lesion(s) |  |
| Actinic Keratosis |  | Eczema |  |
| Basal Cell Carcinoma |  | Seasonal/Food Allergies |  |
| Squamous Cell Carcinoma |  | Urticaria / Hives |  |
| Malignant Melanoma |  | Keloids |  |
| Abnormal Mole(s) |  | Psoriasis |  |

**Medical History *Continue***

**Family History**

(*Please check appropriate boxes*)

|  |  |  |  |
| --- | --- | --- | --- |
| No Contributing Family History |  | Hives/Urticaria |  |
| Adopted |  | Psoriasis |  |
| Malignant Melanoma |  | Autoimmune Disorder/Lupus |  |
| Skin Cancer (Basal Cell/Squamous Cell Carcinoma) |  | Keloids |  |
| Asthma |  | Abnormal Clotting/DVT |  |
| Seasonal Food Allergies |  | Other Family History, please list: |  |
|  | | | |

**Past Surgical History**

Name of Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Surgery: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_

Name of Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Surgery: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_

**Social History**

**(*Please check appropriate boxes*)**

**Alcohol Consumption**: □ None □ Socially □ Daily

**UV Exposure**: □ Current tanning bed use □ Past tanning bed use □ >5 Blistering sunburns □ Uses sunscreen

**Smoking Status**: □ Current Smoker □ Former Smoker □ Never Smoked

**Review of Systems**

**(*Please check appropriate boxes*)**

**Skin:** □ New or changing mole □ Rash □ Keloids / Raised scars □ Photosensitivity

**Constitutional:** □ Fever or chills □ Unexpected weight loss

**Endocrine:** □ Irregular menses □ Thyroid disorder □ Excess hair growth □ Hair loss

**Hematologic:** □ Bruise easily or difficulty stopping bleeds □ Clots in legs or lungs

**GYN:** □ Pregnant □ Nursing

**Neurologic:** □ Headaches □ Sudden vision loss □ Weakness

**Immunologic:** □ Seasonal congestion □ Wheezing □ Reynaud’s / white fingers with cold

**ENT:** □ Sinus infection □ Dental issues □ Oral ulcers

**GI:** □ Abdominal pain □ Diarrhea □ Nausea or vomiting

**Musculoskeletal:** □ Joint pain □ Muscle weakness

**Respiratory:** □ Shortness of breath □ Cough

**Genitourinary:** □ Pain with urination □ Vaginal itching or yeast infection □ Genital ulcer

**If child**: is growth and development appropriate: □ Yes □ No Vaccinations up to date: □ Yes □ No