

PATIENT HISTORY

Please Print Clearly

Date _____

Name _____ Female Male Social Security # _____

Age _____ Date of Birth _____ Are you: Single Married Widowed
Month Day Year

Were you referred by a physician? No Yes Name of referring physician _____

Please state nature, location and duration of skin problem _____

Previous treatments? _____

Are you allergic to any medications? No Yes (specify) _____

Do you take Coumadin, aspirin, or blood thinners? No Yes (specify) _____

Do you require antibiotics prior to surgical/dental procedures? No Yes

List present medications (including non-prescription and birth control pills):

1. _____ 4. _____ 7. _____

2. _____ 5. _____ 8. _____

3. _____ 6. _____ 9. _____

PERSONAL MEDICAL/SURGICAL HISTORY

- | | | |
|--|--|---|
| <input type="checkbox"/> Skin cancer/Melanoma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stomach Disorders |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Cancer/Type _____ | <input type="checkbox"/> Hepatitis/Type _____ |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Positive HIV Test |
| <input type="checkbox"/> Heart Problems (Angina) | <input type="checkbox"/> Stroke/TIA/Epilepsy | <input type="checkbox"/> Blood Transfusions |
| <input type="checkbox"/> Pacemaker/Defibrillator | <input type="checkbox"/> Artificial Joints | <input type="checkbox"/> Thyroid Disorders |

Any other serious illness? (specify) _____

(Women) Are you pregnant/ nursing now? No Yes

(Women) Do you plan to become pregnant in the **next year**? No Yes

List any surgeries and hospitalizations (with approximate dates):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

(PLEASE TURN SHEET OVER AND CONTINUE)

Reviewed _____
Revised _____
Revised _____

Dermatology Associates of Tulsa, LLC

Medical and Surgical Dermatology

ENVIRONMENTAL EXPOSURE HISTORY

Which answer best describes your response to 30 minutes of sun in the early summer?

White Skin – Unexposed

Always burns easily; never tans (1)

Always burns easily; tans minimally (2)

Burns minimally; tans gradually, light brown (3)

Brown/Black Skin – Unexposed

Burns minimally; always tans, brown (4)

Rarely burns; tans profusely, dark brown (5)

Never burns; tans profusely, black (6)

Estimate your sun exposure over your lifetime:

Minimal (avoid sun exposure)

Above average (normal outdoor activities with episodic prolonged exposure)

Average (normal outdoor activities)

Excessive (outdoor occupation, actively seek sun exposure)

Have you had any severe sunburns in childhood? No Yes

Do you wear sunscreen daily? No Yes (If yes, sunscreen SPF) _____

If you anticipate sun exposure which sunscreen SPF do you use? _____

Do you now or have you in the past frequented tanning salons or used tanning beds? No Yes

SOCIAL HISTORY

Do you currently smoke? No Yes (Packs/day) ____ Do you drink alcohol? No Yes (Drinks/week) ____

Have you smoked in the past? No Yes (Packs/day) ____ (Years) ____

IMMEDIATE FAMILY HISTORY

(Mother, Father, Brothers, Sisters, Children, Grandparents)

Skin Cancer

Asthma

Keloids

Psoriasis

Heart Disease

Melanoma

Neurofibromatosis

Cystic Acne

Diabetes

High Blood Pressure

Allergies

Lupus

Eczema

Tuberculosis

Other _____

REVIEW OF SYSTEMS

(Check all that apply)

GENERAL: Generally feels well Fever

SKIN: Eczema Psoriasis Keloids

HEART: Pacemaker Artificial Heart Valve

JOINTS: Arthritis Artificial Joint

HEAD: Headaches Dizziness

IMMUNE: Seasonal Allergies Asthma

PSYCHIATRIC: Depression Anxiety

MOUTH: Fever Blisters/Cold Sores

GENITALS: Fever Blisters Discharge

CHEST: Cough Shortness of Breath

Reviewed _____

Revised _____

Revised _____