Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for Visit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medications**

Please list any medications you are currently taking. Include birth control pills, over the counter medications, and herbs.

**General Medical & Surgical History**

Please list any medical conditions or major surgeries. Include all conditions with which you have ever been diagnosed, even if they are under good control.

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 **Allergies** **to medications?**

 No Yes (please list drug & reaction)

 **Allergies** **to other items?** (food, pollen, etc.)

 No Yes (please list)

**Family History**

Has anyone in your immediate family had skin cancer? (parents, siblings, children)

 Yes No Unknown

If yes, what kind? Who?

 [ ] Basal or Squamous Cell Carcinoma

 (the most common skin cancers)

 [ ] Melanoma

 (less common, but more serious)

 [ ] Not sure

**Social History**

How many times in your life have you had a sunburn bad enough to make you blister?

 Never 1 time 2 or more times

Have you ever used tanning beds?

 Never in the Past Currently

Have you ever smoked tobacco?

 Never in the Past Currently

Do you use sunscreen:

Never or Rarely

Summer/ intense outdoor activities only

Daily year round

 Occupation:

**Dermatologic History**

Have you ever been diagnosed with:

Melanoma? Yes No

Any other kind of skin cancer?

(Basal, Squamous, other) Yes No

 Any other skin condition?

**OFFICE USE ONLY** Confirmed/Updated on: