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: