Southern Tier
DERMATOLOGY & AESTHETICS

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DERMATOLOGY MEDICAL HISTORY FORM

Name _____ Age_____ DOB_____
Height_____ Weight_____ Referring Physician _____

Y N Pacemaker
Y N Defibrillator
Y N Asthma
Y N Hay fever
Y N Season allergies
Y N Eczema
Y N Psoriasis
Y N Diabetes controlled by (circle)
Diet Medication Insulin
Y N High Cholesterol
Y N Blood pressure
Y N Stroke
Y N Heart Attack
Y N Congestive heart failure
Y N Heart Murmur or Heart Valve problem
Y N Have you ever been told to take
Antibiotics before dental procedures
Due to a heart murmur, heart valve, or
Artificial joint?
Y N Acne
Y N Rosacca
Y N Kidney problems (what type?)

Y N Arthritis
Y N Melanoma
Y N Basal Cell if Yes,
_____where _____when
Y N Squamous cell skin if yes,
_____where _____when
Y N Artificial joint if yes,
_____where
Y N Appendix removed
Y N HIV or AIDS
Y N Hepatitis, A, B or C (circle)
Y N Liver Cirrhosis
Y N Liver problems?
Y N Blistering sunburns
_____how many times
_____what part of body
Y N Bleeding disorder
Y N Anxiety
Y N Depression
Y N Gallbladder removed
Y N Heart by pass surgery

Y N Are you pregnant
Y N Breastfeeding
Y N Planning pregnancy

Y N Hysterectomy Total or Partial
Y N Prone to yeast infections with antibiotics
Y N Tubal Ligation (tubes tied)

Surgeries: _____ Date:_____ Hospitalized Y N
_____ _____ Y N
_____ _____ Y N

Other Medical Problems or Surgeries _____

Medications:_____ Allergies:_____
_____ _____

Skin Type: If 1st exposed to the sun with out sunscreen would you: (circle)
Always burn Sometimes burn Never Burn Always tan

Social History: Do you smoke or use tobacco Y N Do you drink alcohol Y N Number per week _____

Family History: Circle any condition affecting a blood relative. Specify which family member on the line beside:

Melanoma _____ Breast Cancer _____
Psoriasis/ Eczema _____ Basal cell of Squamous cell skin cancer _____
Allergies _____ Asthma _____
Acne _____