

TRIANGLE DERMATOLOGY ASSOCIATES

FIRST

MIDDLE

LAST

____/____/____
TODAY'S DATE

WHAT IS THE MAIN REASON FOR YOUR VISIT TODAY? _____

What treatments are you using now? _____

What treatments have you used in the past? _____

Check if you are having: bleeding itching pain/soreness not bothering me other _____

How long has this been going on?: _____

Location on body: _____

If time allows, what other skin related problems would you like to discuss with the doctor?

1. _____ 2. _____

LIST ALL ALLERGIES: none _____

Are you allergic to any of the following?

Y N adhesive tape

Y N lidocaine (numbing medicine)

Y N latex

Y N penicillin

LIST CURRENT MEDICATIONS: (aspirin, blood thinners, antibiotics, birth control, over-the-counter drugs, etc.) none _____

Pharmacy of Choice: _____

LIST CURRENT & PAST MEDICAL CONDITIONS: _____

Are you pregnant or considering becoming pregnant? Y N Are you currently breast feeding? Y N

Do you have a history of any of the following?

Y N unusual moles

Y N fainting reaction

Y N a bleeding tendency

Y N herpes/ cold sores/ fever blister

Y N a heart valve problem/heart problems

Y N high blood pressure

Y N hepatitis (if so, type _____)

Y N infections

Y N malignant melanoma

Y N kidney problems

Y N other skin cancer

Y N radiation treatments

Y N diabetes

Y N seizures

LIST PAST SURGICAL HISTORY: (please include skin cancer surgery and approximate dates)

none _____

Do you have? Y N artificial joints

Y N a pacemaker implant

Y N a defibrillator implant

Y N heart valve replacement/surgery

FAMILY MEDICAL HISTORY: *Does anyone in your family have a history of the following? If yes, list how the family member is related to you*

Y N malignant melanoma

Y N lupus

Y N other skin cancer

Y N psoriasis

Y N asthma

Y N thyroid disease

Y N eczema

SOCIAL HISTORY: Do you drink alcohol? Y N Do you smoke? Y N

REVIEW OF SYSTEMS: Are having any of the following?

Y N chills Y N fever Y N heat intolerance Y N night sweats

Y N cold intolerance Y N headache Y N nausea Y N unintentional weight loss

