Patient Name: Date of Birth:

MEDICAL HISTORY AND INTAKE FORM

Confidential - May be released only with your permission

Past Medical History (please check all that apply)

- Anxiety
- Arthritis
- Asthma
- Atrial Fibrillation
- Bone Marrow Transplantation
- Breast Cancer
- Colon Cancer
- COPD
- Coronary Artery Disease
- Depression
- Diabetes
- End Stage Renal Disease
- GERD
- Hearing Loss
- Hepatitis
- High Blood Pressure
- HIV/AIDS
- High Cholesterol
- Thyroid Problems
- Leukemia
- Lung Cancer
- Lymphoma
- Prostate Cancer
- Radiation Treatment
- Seizures
- Stroke
- Other:

Past Surgical History: (please check all that apply)

- Appendix Removed
- Bladder Removed
- Mastectomy (Right, Left, Bilateral)
- Lumpectomy (Right, Left, Bilateral)
- Breast Biopsy (Right, Left, Bilateral)
- Breast Reduction
- Breast Implants
- Colectomy : Colon Cancer Resection
- Colectomy : Diverticulitis
- Colectomy : IBD
- Gall Bladder Removed
- Coronary Artery Bypass
- Mechanical Valve Replacement
- Biological Valve Replacement
- Heart Transplant
- Joint Replacement, Knee (Right, Left, Bilateral)
- Joint Replacement, HIP (Right, Left, Bilateral)
- Joint Replacement within Last 2 Years
- Kidney Biopsy (Nephrectomy)
- Kidney Removed (Right, Left)
- Kidney Stone Removal
- Kidney Transplant
- Ovaries Removed: Endometriosis
- Ovaries Removed: Cyst
- Ovaries Removed: Ovarian Cancer
- Prostate Removed: Prostate Cancer
- Prostate Biopsy
- Spleen Removed
- Testicles Removed (Right, Left, Bilateral)
- Hysterectomy: Fibroids
- Hysterectomy: Uterine Cancer
- Other:

Skin Disease History: (please check all that apply)

- Acne
- Actinic Keratosis
- Asthma
- Basal Cell Skin Cancer
- Blistering Sunburns
- Dry Skin
- Eczema
- Flaking or Itchy Scalp
- Hay Fever/Allergies
- Melanoma
- Poison Ivy
- Precancerous Moles
- Psoriasis
- Squamous Cell Skin Cancer
- Other:

Do you wear Sunscreen? Yes No **If Yes, what SPF?**

Do you tan in a tanning salon? Yes No

Do you have a family history of Melanoma? Yes No **If Yes, which relative (s)?**

Medications: (Please enter all current medications, or present a list to be photocopied for your file)

Allergies: (Please enter all allergies)

- NKDA - No Known Drug Allergies

Social History: (Please check all that apply)

Cigarette Smoking: Currently Smokes | Has Smoked in the past | Never Smoked | Former Smoker

Alcohol Use: Non-Drinker | Less than 1 drink per day | 1-2 drinks per day | 3 or more drinks per day

Miscellaneous: Not Sexually Active | Sexually Active 1 Partner | Sexually Active more than 1 Partner | Same Sex Partner | Drug Use | IV Drug Use | Patient Feels safe at home | Patient Feels unsafe at home

Family History (Only First Degree Relatives)