

DERMATOLOGY ASSOCIATES, P.C.
PATIENT HISTORY AND INTAKE FORM

Patient name: _____ Date of Birth: _____

Pharmacy name & location: _____

Primary Care Physician: _____

PAST MEDICAL HISTORY
(Please circle all that apply)

ANXIETY	DEPRESSION	HYPOTHYROID
ARTHRITIS	DIABETES	LEUKEMIA
ASTHMA	END STAGE RENAL DISEASE	LUNG CANCER
ATRIAL FIBRILLATION	GERD	LYMPHOMA
BONE MARROW TRANSPLANT	HEARING LOSS	PROSTATE CANCER
BHP	HEPATITIS	RADIATION TREATMENT
BREAST CANCER	HIGH BLOOD PRESSURE	SEIZURES
COLON CANCER	HIV/AIDS	STROKE
COPD	ELEVATED CHOLESTEROL	NONE
CORONARY ARTERY DISEASE	HYPERTHYROID	

PAST SURGICAL HISTORY
(Please circle all that apply with explanation of procedure if applicable)

APPENDIX _____	OVARIES _____	JOINT REPLACEMENT
BLADDER _____	PANCREAS _____	_____
BREAST _____	PROSTATE _____	HEART VALVE
COLON _____	SKIN _____	_____
GALLBLADDER _____	SPLEEN _____	HEART _____
TESTICLES _____	KIDNEY _____	UTERUS _____
LIVER _____	NONE _____	

SKIN DISEASE HISTORY
(Please circle all that apply)

ACNE	ECZEMA	PRECANCEROUS MOLE
ACTINIC KERATOSES	FLAKING OR ITCHING SCALP	PSORIASIS
BASAL CELL CARCINOMA	HAYFEVER/ALLERGIES	SQUAMOUS CELL CARCINOMA
BLISTERING SUNBURN	MELANOMA	DRY SKIN
POISON IVY	NONE	

OTHER _____

Do you wear sunscreen? YES NO

If yes, what SPF? _____

Do you use a tanning salon? YES NO



PLEASE COMPLETE BACK OF THIS FORM



Do you have a family history of melanoma? YES NO

If yes, which relative(s)? _____

Any other family history? _____

MEDICATIONS
(Please include dosage amount and frequency of use)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALLERGIES TO MEDICATION
(Please list medications only)

_____	_____	_____
_____	_____	_____

SOCIAL HISTORY
(Please circle all that apply)

Cigarette Smoking:
Never smoked
Quit: Former smoker
Smokes less than daily
Smokes daily

Pediatric patients:
Height: _____
Weight: _____

Alcohol use:
None
Less than 1 drink per day
1-2 drinks per day
3 or more drinks per day

International travel within the last six months: _____

IS IT OKAY TO LEAVE A DETAILED MESSAGE FOR YOU? YES _____ NO _____

PLEASE PROVIDE THE BEST NUMBER TO REACH YOU. _____