PLEASE COMPLETE THE FOLLOWING MEDICAL HISTORY FORM

Name_____ Date_____

Age_____ Sex ☐M ☐F Referred by: ☐ M.D._____ ☐self/friend _____

REASON for today's visit: (chief complaint)

_____

_____

_____

MEDICATION ALLERGIES ☐None List: _____

_____

CURRENT MEDICATION **Including over the counter products + vitamins**

☐None List: _____

_____

_____

MEDICAL HISTORY Current or past problems with:

☐ **NONE OF THE BELOW**

☐ HEARING PROBLEMS
☐GLAUCOMA ☐CATARACTS
☐NOSE BLEEDS ☐SINUS TROUBLE
☐HOARSENESS ☐HAY FEVER
☐ASHTMA ☐HYPERTENSION
☐CORONARY HEART DISEASE ☐PACEMAKER
☐HEART MURMUR ☐ARTIFICIAL HEART VALVE
☐PALPITATIONS ☐IRREGULAR PULSE
☐VARICOSE VEINS ☐PHLEBITIS
☐DIFFICULTY SWALLOWING ☐HEARTBURN
☐PEPTIC ULCER DISEASE ☐COLITIS
☐JAUNDICE ☐HEPATITIS
☐KIDNEY STONES ☐PROSTATE PROB.
☐VENEREAL DISEASE ☐HERPES

☐IRREGULAR MENSES
☐CHLAMYDIA ☐GONNORHEA
☐RECENT WEIGHT LOSS
☐ANEMIA ☐BRUISE EASILY
☐CANCER
☐DIABETES ☐THYROID DISEASE
☐SEIZURE ☐STROKES
☐MIGRAINE HEADACHES
☐ARTHRITIS ☐GOUT
☐MENTAL ILLNESS ☐DEPRESSION
☐TUBERCULOSIS ☐HIV/AIDS
☐ALLERGIES (NON-DRUG)
☐OTHERS (EXPLAIN)_____
_____

SKIN PROBLEMS ☐ NONE

☐ECZEMA ☐PSORIASIS ☐RASH
☐ABNORMAL MOLES ☐HIVES
☐FREQUENT SUN EXPOSURES
☐EXCESSIVE SCARRING
☐OTHER SKIN CANCER
☐MELANOMA
☐RECENT OR PROGRESSIVE HAIR LOSS
☐PRECANCER SPOTS (ACTINIC KERATOSIS)

HOSPITAL ADMISSIONS Indicate the year you were admitted to hospital and the reason. Do not include normal pregnancies

YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION

Females: are you pregnant? ___yes ___no Planning to become pregnant? ____yes ___no

On Birth Control Pill? ____yes ___no

FAMILY HISTORY ☐ NONE

☐ MELANOMA ☐ECZEMA ☐DIABETES
☐OTHER SKIN CANCER ☐HAY FEVER ☐CANCER
☐PSORIASIS ☐ASTHMA ☐OTHERS _____

SOCIAL HISTORY Occupation: _____

Do you wear: ☐ DENTURES ☐GLASSES ☐CONTACT LENSES MARITAL STATUS: ☐S ☐M ☐D ☐W

Smoking: ☐ No ☐ Former ☐Yes: How many packs/day? _____

Alcohol: ☐ No ☐ Social/Occasional drinking only

Alcohol or drug problems/addictions: ☐ No ☐describe: _____

CONFIRMED BY: _____ [Office use only]

(MD Signature)