

Dermatology Specific History

TONI FUNICELLA, M.D.

DERMATOLOGY

Today's Date _____
Month Day Year

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I. Patient Information

Name _____
First MI Last

How would you describe your skin type when exposed to the sun? *(check the one that best applies)*

- | | |
|---|--|
| <input type="checkbox"/> Always burns; never tans | <input type="checkbox"/> Never burns; always tans |
| <input type="checkbox"/> Always burns, but sometimes tans | <input type="checkbox"/> Moderately pigmented skin |
| <input type="checkbox"/> Sometime burns, but always tans | <input type="checkbox"/> Deeply pigmented skin |

Do you have an outdoor-based occupation?

☐ Yes ☐ No

Do you have an outdoor lifestyle?

☐ Yes ☐ No

Do you wear sunscreen?

☐ Regularly ☐ Only when outdoors for long periods of time

Do you wear a hat regularly?

☐ Yes ☐ No

Do you wear sunglasses regularly?

☐ Yes ☐ No

Do you have rashes caused by medications, foods, or environment?

☐ Yes ☐ No

Do you scar easily with surgery?

☐ Yes ☐ No

Are you current on your immunizations?

- ☐ Tetanus
- ☐ Shingles
- ☐ HPV (Human Papillomavirus)
- ☐ Flu
- ☐ Pneumovax

II. Patient History

Where did you grow up? _____

Approximately how many blistering sunburns have you had? _____

Have you ever used tanning beds? *(check all that apply)* ☐ Yes, before age 18 ☐ Yes, as an adult (18+) ☐ No
If yes, approximately how many sessions? ☐ 10 or fewer ☐ 11 – 20 ☐ 21 – 40 ☐ Over 40

Is there a personal or family history of:

Personal

Family

If family, relationship to you:

Pre-skin cancers (Actinic Keratosis)

☐

☐

Skin Cancer (Basal Cell or Squamous Cell)

☐

☐

Melanoma

☐

☐

Is there a personal or family history of:

Personal

Family

Vitiligo (loss of skin pigment)

☐

☐

Thyroid problems

☐

☐

Reproductive organ (uterus, ovaries, testes) cancer

☐

☐

Eczema or dry skin

☐

☐

Excessive bleeding with trauma, childbirth, or other surgery

☐

☐

Abnormal moles

☐

☐

Herpes Simplex

☐

☐

Patient Signature _____

Date _____
Month Day Year

Reviewed by _____

Date _____
Month Day Year