



**Medications:**

Do you ever take any of the following medications? (please circle)

Aspirin Ibuprofen Vitamin E Alka Selzer BC Powder

Have you ever had a reaction to local anesthesia (Novocaine, Lidocaine, or Epinephrine)?  Yes  No

**Your Medical History / Review of Systems: (Circle conditions that you have now or have had in the past)**

Allergy to latex  
Allergy to local anesthetic  
Antibiotics with surgery  
Asthma  
Bleeding problem  
Blood vessel disease  
Bowel problems  
Cancer  
Chest pain  
Dental / mouth problems  
Depression / anxiety  
Decreased thyroid  
Diabetes  
Difficulty healing wounds

Endocarditis  
Eczema  
Fever, fatigue, weakness  
Hay fever / allergies (seasonal)  
Headaches / seizures  
Heart disease  
Heart valve replacement  
High blood pressure  
History of Hepatitis B or C  
HIV / AIDS  
Hives  
Joint replacement  
Kidney disease  
Liver disease

Lung disease  
Lupus  
Mitral valve prolapse  
Muscle / joint ache  
Pace maker / defibrillator  
Psoriasis  
Rheumatic fever  
Rosacea  
Shortness of breath / cough  
Thickened scars  
Urinary problems  
Visual difficulty

Other major health issues: \_\_\_\_\_

**Patient Skin Cancer History:**

Have you ever had any skin cancer? \_\_\_\_\_

Basal Cell Carcinoma: Where on body? \_\_\_\_\_ When treated? \_\_\_\_\_

Squamous Cell Carcinoma: Where on body? \_\_\_\_\_ When treated? \_\_\_\_\_

Malignant Melanoma: Where on body? \_\_\_\_\_ When treated? \_\_\_\_\_

Do you use sunscreen?  Yes  No SPF Strength \_\_\_\_\_

Do you have any family history of melanoma?  Yes  No If yes, who? \_\_\_\_\_

**Social History:**

Occupation \_\_\_\_\_

Do you smoke?  Yes  No Alcohol use?  Yes  No \_\_\_\_\_ drinks/wk Illicit Drug Use?  Yes  No

**Please circle below if you are interested in receiving more information about the following services.**

Skin Care Products / Facial Peels / Hair Removal / Leg Veins / Botox™ / Fillers for wrinkles / Hair Restoration

**Patient / Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STAFF USE ONLY**

Updated: \_\_\_\_\_  
Patient Initials / Date Patient Initials / Date Patient Initials / Date

\_\_\_\_\_  
Provider Initials / Date Provider Initials / Date Provider Initials / Date