

Advanced Dermatology & Skin Care Center

Patient Information Sheet

Past Medical History

Select any of the following medical conditions you currently have or had in the past:

- ☐ Anxiety Disorder
- ☐ Arthritis
- ☐ Asthma
- ☐ Atrial Fibrillation
- ☐ Blood clots
- ☐ BPH
- ☐ Cerebrovascular accident
- ☐ COPD
- ☐ Depressive disorder
- ☐ Diabetes
- ☐ Disease caused by COVID-19

- ☐ High Blood Pressure
- ☐ End Stage Renal Disease
- ☐ Epilepsy
- ☐ GERD
- ☐ Hearing Loss
- ☐ HIV / AIDS
- ☐ Hepatitis
- ☐ High Cholesterol
- ☐ Hyperthyroidism
- ☐ Hypothyroidism

Skin Conditions

Have you had any of the following?

- ☐ Acne
- ☐ Actinic Keratosis
- ☐ Basal Cell Skin Cancer
- ☐ Dysplastic nevus of skin
- ☐ Eczema
- ☐ History of keloids
- ☐ Malignant Melanoma
- ☐ Psoriasis
- ☐ Squamous Cell Skin Cancer

Do you tan in a tanning salon?

☐ Yes ☐ No

Do you have a family history of Melanoma?

☐ Yes ☐ No

If yes, which relative?

- ☐ Mother
- ☐ Father
- ☐ Child
- ☐ Other Blood Relative

- ☐ Liver Disease
- ☐ Leukemia
- ☐ Malignant lymphoma
- ☐ Malignant tumor of breast
- ☐ Malignant tumor of colon
- ☐ Malignant tumor of lung
- ☐ Malignant tumor of prostate
- ☐ Pregnant or planning pregnancy
- ☐ Breastfeeding
- ☐ Transplantation of bone marrow
- ☐ Other _____

Social History

Smoking Status (please choose one):

- ☐ Current every day smoker
Total years: _____
- ☐ Former smoker
- ☐ Never smoker

Alcohol Intake (please choose one):

- ☐ None
- ☐ 1 or less per day
- ☐ 1-2 per day
- ☐ 3 or more per day

Have you had your Pneumonia vaccine?

☐ Yes ☐ No

Injection date: _____

Have you had your yearly Flu vaccine?

☐ Yes ☐ No

Last Injection date: _____

Past Surgical History

- ☐ Bilateral replacement of knees
- ☐ Coronary artery bypass graft
- ☐ History of bilateral mastectomy
- ☐ Mastectomy of left breast
- ☐ Mastectomy of right breast
- ☐ History of heart valve replacement
- ☐ Hysterectomy
- ☐ Pacemaker implant
- ☐ Total replacement of left hip
- ☐ Total replacement of left knee
- ☐ Total replacement of right hip
- ☐ Total replacement of right knee
- ☐ Transplant of heart
- ☐ Transplant of kidney
- ☐ Transplant of liver