

# Advanced Dermatology & Skin Care Center

## Patient Information Sheet

### Past Medical History

Select any of the following medical conditions you currently have:

- Anxiety
- Arthritis
- Asthma

- Atrial Fibrillation
- Bone Marrow Transplant
- BPH

- Pregnant
- Breast Feeding
- Planning to get pregnant

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

- Anxiety
- Arthritis
- Atrial Fibrillation
- Blood/Bleeding Disorders
- COPD
- Coronary Artery Disease
- Crohn's or Ulcerative Colitis
- Depression

- Diabetes
- Heart Disease
- Hepatitis
- High Blood Pressure
- HIV / AIDS
- Hyperthyroidism
- Hypothyroidism
- Kidney Disease

- Liver Disease
- Lung Disease
- Lupus
- MS
- Neurologic Disorders
- Thyroid Disease
- Pre-cancerous Lesions**
- Cancer (non-skin)**

### Skin Disease History

Have you had any of the following?

- Acne
- Actinic Keratoses
- Asthma
- Basal Cell Skin Cancer
- Blistering Sunburns
- Dry Skin
- Eczema
- Flaking or Itchy Scalp
- Have Fever / Allergies
- Melanoma
- Poison Ivy
- Precancerous Moles
- Psoriasis
- Squamous Cell Skin Cancer
- Other \_\_\_\_\_

**Do you wear Sunscreen?**

- Yes  No

If yes, what SPF? \_\_\_\_\_

**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

### Social History

**Smoking Status (please choose one):**

- Current everyday smoker
- Current someday smoker
- Former smoker
- Never smoker
- Unknown if ever smoked

Total Years Smoking: \_\_\_\_\_

**Alcohol Intake (please choose one):**

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