central DERMATOLOGY

Medical / Surgical History

Patient Name	
Birthdate	

We may discuss your records with	
	No one
	My family doctor
	My spouse
	My parents
	Other (list below)

Physicians	Primary Care or Family Doctor	Referring Physician (if different)
Name		
Address		
City, State, Zip		
Phone		

Current Medications Including Non-Prescription Drugs	

Allergies to Medicines or Foods

✓✓ **Please check all that apply** ✓✓

Skin Disease	
	Acne
	Eczema
	Melanoma
	Other Skin Cancer
	Psoriasis
	Warts
Endocrine Disease	
	Diabetes
	Thyroid
Heart Disease	
	Chest Pain
	Heart Murmur
	Hypertension
	Mitral Valve Prolapse
	Pacemaker
	Rheumatic Fever
Infections	
	AIDS or HIV+
	Hepatitis
	Tuberculosis
Lung Disease	
	Asthma
	Emphysema
	Hay Fever
	Sarcoid
	Shortness of Breath
	Wheezing

For Women	
	Breast Feeding
	Pregnant
	Hysterectomy
	Irregular Menses
	Menopause
For Children	
	Premature Birth
	Growth Problems
	Developmental Delay
Other Conditions	
	Arthritis
	Bleeding Disorder
	Cancer / Lymphoma
	Clotting Disorder
	Colon Disease
	Gout
	Kidney Disease
	Liver Disease
	Loss of Consciousness
	Lupus
	Muscle Weakness
	Neurologic Disease
	Psychiatric Disorder
	Seizures
	Stomach Disease
	Ulcers

Surgical History	
	Artificial Joint
	Heart Valve / Surgery
	Skin Cancer / Surgery
	Surgery in last 90 days

Family History	
	Cystic, Scarring Acne
	Eczema
	Psoriasis
	Skin Cancer

List All Major Surgeries	Year

Other Medical Information