

# DERMSPECIALISTS

A Forefront Dermatology Practice

Patient Name: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

**Please check one:**

**Tobacco user:**

- Current
- Former
- Never

**Alcohol use:**

- Daily       Socially
- Weekly       Never
- Monthly

**History of Tanning Bed Use:**

- Yes
- No

**Medical History:** (Please check all that apply)

- Actinic Keratosis
- Allergies
- Anxiety
- Arthritis
- Asthma
- Atrial Fibrillation
- Blood Clots
- Communicable Diseases: \_\_\_\_\_
- Cancers  
Type: \_\_\_\_\_
- Congestive Heart Failure
- Depression
- Diabetes
- Eczema
- Gastrointestinal Disease
- Other: \_\_\_\_\_

- Glaucoma
- Hepatitis C
- High Cholesterol
- High Blood Pressure
- Liver Disease
- Mental Disorder
- Multiple Sclerosis
- Phlebitis
- Psoriasis
- Renal Disease
- Rosacea
- Seizure Disorder
- Thyroid Disease
- Tuberculosis

**Surgical History:** (Please check all that apply)

- Defibrillator      Year: \_\_\_\_\_
- Organ Transplant      Type: \_\_\_\_\_ Year: \_\_\_\_\_
- Pacemaker      Year: \_\_\_\_\_
- Other: \_\_\_\_\_ Year: \_\_\_\_\_

**Skin Cancer History:** (Please check all that apply)

- Basal Cell  
Year & location: \_\_\_\_\_
- Squamous Cell  
Year & location: \_\_\_\_\_
- Melanoma  
Year & location: \_\_\_\_\_

**Family medical history:** (please check all that apply for mother, father, siblings & extended family)

- Basal Cell
- Squamous Cell
- Melanoma
- Eczema
- Psoriasis
- Dermatitis

**List of current medications:** (Prescription, over the counter and as needed)

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**List of Drug Allergies:**

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