



# pure.dermatology

where.skin.matters

Date \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Past/current medical History. Please list any chronic conditions.

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Females, are you currently pregnant or nursing? \_\_\_\_\_

Do you have any joint replacements, artificial heart valve, valvular heart disease, mitral valve prolapse, pacemaker, defibrillator or a stent? Please list.

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Do you have a diagnosis of HIV or Hepatitis? \_\_\_\_\_

Past skin history. Check all that apply :

- Basal cell carcinoma
- Hay Fever/seasonal allergies
- Squamous cell carcinoma
- Melanoma
- Psoriasis
- Eczema
- Actinic keratosis
- Acne/Rosacea
- Dry skin
- Other: Please list \_\_\_\_\_

Prescription and OTC Medication	Dose (mg)	Frequency

Medication Allergies	Reaction

Family History of Melanoma: Mark as applicable

No family history	
Mother	
Father	
Sister	
Brother	
Adopted	
Other: Please list	

Review of System, **circle all that apply:**

Current rash

Skin infection

History of keloid scars

Bleeding disorder

Taking blood thinners (Warfarin, Xarelto, Ibuprofen, Aspirin)

Fever/chills

Preferred Pharmacy \_\_\_\_\_

**The information that I provided is true and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

