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Medical History Form

Name: _____ DOB: _____

Your Email: _____ Primary Care Doctor: _____

Past Medical History (please circle all that apply)

Anxiety	Hypertension
Arthritis	HIV/AIDS
Artificial joints	Hypercholesterolemia
Asthma	Hyperthyroidism
Atrial fibrillation	Hypothyroidism
Breast Cancer	Lung Cancer
Colon Cancer	Pacemaker
Coronary Artery Disease	Radiation
Depression	Treatment
Diabetes	Seizures
GERD (Acid reflux)	Stroke
Hepatitis	Valve Replacement
Other _____	None

Do you have any of the following? (please circle all that apply)

Hernia or Hernia Repair	Impaired skin sensation
Cryoglobulinemia	Pregnancy or lactation
Cold-induced hives	Myasthenia Gravis

Past Surgical History: (please circle all that apply)

Breast Reduction	Joint Replacement, Hip
Breast Implants	Joint Replacement within last 2 years
Colectomy: IBD	Kidney Transplant
Coronary Artery Bypass	Skin Biopsy
Mechanical Valve Replacement Biological	Basal Cell Cancer Surgery
Valve Replacement	Squamous Cell Carcinoma Surgery
Joint Replacement, Knee	Melanoma Surgery
Other _____	None

Skin History: (please circle all that apply)

Acne	Hay Fever/Allergies
Actinic Keratoses	History of Melanoma
History of Basal Cell Skin Cancer	Poison Ivy
Blistering Sunburns	Atypical Moles
Dry Skin	Psoriasis
Eczema	History of Squamous Cell Skin Cancer
Flaking or Itchy Scalp	Herpes Simples Virus {cold sores}
	None
	Other _____

Do you tan in a tanning salon? Yes/ No

Do you have a family history of Melanoma? Yes/ No

If yes, which relative(s)?

Do you have a family history of other skin cancer? _____

Medications: (Please list all current medications with dose, frequency and mg)

Medication Allergies: (Please enter all allergies)

Social History: (Please circle one)

Tobacco use: Yes / Former/ No

Did you receive the flu shot this year (circle one)? Yes / No

Please complete if you are over 65 years of age:

Have you received the pneumonia shot (circle one)? Yes / No

Do you have a health care proxy (POA) in the event you cannot make your own decisions? Yes/No

Pharmacy: _____