Date ____________ Patient name ____________________________________ DOB ________________

Referring physician ____ Phone ________________________________

Primary care provider ____ Phone ________________________________

Preferred Pharmacy ____ Phone ________________________________

	Current medications (if none, please write none)			
	Medication Name	Dosage	# of times daily	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Do you take blood thinners (aspirin, ibuprofen/Motrin/Advil, Vit E)? ❑ Yes ❑ No

Do you take antibiotics before dental procedures? ❑ Yes ❑ No

If yes, what antibiotic? ______________________________

Preferred Pharmacy		
Name of Pharmacy	**Address or cross street**	**Phone**

	Allergies (if none, please write none)	
	Reaction	**Notes**
1		
2		
3		

	Do you have a reaction to any of the following?
❑	No reactions to local anesthetic, latex, tape, topical antibiotics
❑	Local anesthetics (ex. Lidocaine)
❑	Rubber/latex
❑	Topical antibiotics (ex. Neosporin)
❑	Surgical tape/bandages

	Past medical history		
❑	- No Pertinent Past Medical History	❑	Hepatitis
❑	Arthritis	❑	High Blood Pressure
❑	Artificial heart valve	❑	High Cholesterol
❑	Bleeding tendency	❑	HIV
❑	Asthma	❑	Hives
❑	Autoimmune Disorder	❑	Keloid Scar Formation
❑	Bleeding tendency	❑	Kidney Stones
❑	Breastfeeding	❑	Lactating
❑	Cancer – Breast	❑	Neuromuscular Disease
❑	Cancer – Colon	❑	Other History
❑	Cancer – Lungs	❑	Pacemaker / Defibrillator
❑	Cancer – Other	❑	Peptic Ulcers
❑	Chest Pain/tightness	❑	Planning future pregnancy
❑	Cold Sores	❑	Pregnant
❑	Dementia	❑	Radiation Therapy
❑	Depression / anxiety	❑	Shingles
❑	Diabetes	❑	Seizure Disorder
❑	Eczema	❑	Stroke
❑	Egg Allergy	❑	Thyroid Disorder
❑	Heart Disease	❑	Tuberculosis
❑	Heart Murmur		

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	Past skin history	Previous Treatments	Notes
❑	- No significant skin history		
❑	Abnormal mole(s)		
❑	Acne		
❑	Actinic Keratosis		
❑	Basal Cell Carcinoma		
❑	Eczema		
❑	Malignant Melanoma		
❑	Other Suspicious Lesion		
❑	Psoriasis		
❑	Rosacea		
❑	Squamous Cell Carcinoma		
❑	Urticaria / Hives		

History of Cancer	
❑	None
❑	Personal history of skin cancer
❑	Personal history of melanoma
❑	Family history of skin cancer

Have you ever used a tanning bed?	
❑ Yes	❑ No

	Sun Exposure History
Blistering Sunburns	
❑	0 Blistering sunburns
❑	1-3 Blistering sunburns
❑	> 3 Blistering sunburns
Sunscreen Use	
❑	Never use sunscreen
❑	Sometimes use sunscreen
❑	Always wear sunscreen
Tanning booth use	
❑	Never used tanning beds
❑	Occasionally use(d) tanning beds
❑	Regularly use tanning beds

	Family History		
		Effected Family Member	Notes
❑	- No Relevant Family History		
❑	- Unknown - Adopted		
❑	Atopy (Eczema, asthma, or hay fever/seasonal allergies)		
❑	Autoimmune Disorder		
❑	Basal Cell or Squamous Cell		
❑	Bleeding Disorder or Blood		
❑	Breast Cancer		
❑	Colon Cancer		
❑	Diabetes		
❑	Glaucoma		
❑	High Blood Pressure		
❑	High Cholesterol		
❑	Liver Disease		
❑	Lung Disease		
❑	Malignant Hyperthermia		
❑	Obesity		
❑	Pancreatic Cancer		
❑	Premature Coronary Heart		
❑	Psoriasis		

	Past surgeries/hospitalizations		
	Surgery	**Date**	**Notes**
1			
2			
3			
4			
5			

Social history		Personal Habits	
Marital Status:	❑ Single ❑ Married ❑ Divorced ❑ Widowed ❑ Domestic partner	Alcohol Use:	❑ Never drink alcohol ❑ Occasionally drink alcohol ❑ Drink alcohol daily
Occupation:		Tobacco Use:	❑ Current every day smoker ❑ Current some day smoker ❑ Former smoker ❑ Never smoker ❑ Smoker, current status unknown ❑ Unknown if ever smoked ❑ Heavy tobacco smoker ❑ Light tobacco smoker Date Started: ____________________ Date Ended: ____________________
Hobbies:			
Children and ages:			
Are you currently pregnant?	❑ Yes ❑ No		
Are you currently breastfeeding?	❑ Yes ❑ No		
Do you consider yourself Hispanic/Latino?	❑ Yes ❑ No ❑ Decline	Which category best describes your race?	❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Decline

Additional comments:

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_________________________________ _________________________________

Patient or legal guardian signature **Date**