THIS IS A 2-SIDED FORM.
Please thoroughly complete both sides.
Failing to do so may delay your visit.

FOR OFFICE STAFF: The below medical history has been reviewed _____(MD). ____Referral Note sent to PMD
→SCAN
FBSE? Yes No Needs translator? Yes No

Today's Date ___/___/___ Referred by (Primary Doctor):___________

Patient Name___________________________ ☐M ☐F Date of Birth_____/_____/_____ Ethnicity_________

List ALL the skin issues you would like to discuss with the doctor: (be specific) 1)____________________
2)____3)____

List all **skin medications** and over the counter products you are currently using/have used **for this condition**:
____

Have you ever had skin cancer? ☐yes ☐no If yes, what kind:_____________when:__________name of MD:_______
Do you have a history of any specific skin disease? ☐yes ☐no If yes, please list:____________________________
Do you have any changing moles? ☐yes where?_____ ☐no

Are you **allergic** to any medications? ☐Yes ☐No If yes, list______________________________________
List or attach all **medications** that you currently taking (including over the counter, vitamins, herbs):

____

____ Pharmacy: Please circle on back page

List any surgical procedures/hospitalizations you have had and the years:_________________________________
Transplanted organs? _________

Do you have now, or have you ever had diseases or conditions of: **(If yes, please explain)**

	YES	NO	**EXPLAIN**
Eyes/Glaucoma	___	___	Explain:_______
Heart Disease	___	___	Explain:_______
Do you have a Pacemaker?	___	___	
Ear/Nose/Throat/Mouth	___	___	Explain:_______
High blood pressure	___	___	
Diabetes	___	___	
Thyroid Disease	___	___	
Kidney Disease	___	___	Dialysis? ____
Depression	___	___	
Psychiatric Disease (ie schizophrenia)?	___	___	Explain:________
Stomach/Intestine/Liver Disease	___	___	Type:_____
Seizures/Neurological Disease	___	___	Type:_____
Cancer	___	___	Type:_____
Arthritis	___	___	Pso, Rheum, or Osteo?
Seasonal Allergies	___	___	
Asthma	___	___	
Autoimmune Disease (Lupus)	___	___	Explain_____
HIV	___	___	CD4 count_____
Hepatitis B	___	___	
Hepatitis C	___	___	

List any **other conditions:** ____

Please **circle** any **symptoms** you have had or noticed: **General**: weight change, change in energy, change in strength or exercise tolerance **Head**: headaches, vertigo, head injury **Eyes**: change in vision, seeing double, tearing, partial vision loss, eye pain **Ears**: change in hearing, ringing, bleeding, vertigo/dizziness **Nose**: bleeding noses, running nose, obstruction, discharge **Mouth**: dental difficulties, gingival bleeding, use of dentures **Neck**: stiffness, pain, tenderness, masses **Breast**: lumps, tenderness, swelling, nipple discharge **Chest**: shortness of breath, wheezing, coughing up blood, chronic coughing **Heart**: chest pains, palpitations, syncope **Abdomen**: change in appetite, trouble swallowing, abdominal pains, bowel habit changes, blood in your stool **GU**: urinary urgency, pain with urinating, change in nature of urine **Women Gyn:** change in menses, pain with menses, vaginal discharge, pelvic pain **Musculoskeletal**: pain in muscles or joints, limitation of range of motion, numbness **Neurologic**: weakness, tremor, seizures, changes in mentation, lack of coordination **Psychiatric**: depressive symptoms, changes in sleep habits, changes in thought content

Occupation (past or present):_____________Hobbies___________
Smoker: No ☐ Yes☐ ___Packs/day Quit ☐ **Alcohol/Drug abuse**: No ☐ Yes☐

Females, are you or is there a chance you're **pregnant**: No ☐ Yes ☐
Are you breastfeeding? No ☐ Yes☐

Do any of the following diseases run in your **family**: ☐Psoriasis ☐Eczema ☐Asthma ☐Seasonal Allergies ☐Cancer ☐ Diabetes ☐Autoimmune Disease ☐Lupus ☐Skin Cancer: Basal Cell ___ Squamous Cell ___ Melanoma___

When you are exposed to sun do you:	☐tan only	☐tan and burn	☐burn only
Have you ever developed a keloid (large scar after surgery)	☐yes	☐no	
Do you wear sunscreen?	☐daily	☐when outside	☐never
Have you ever used a tanning bed?	☐currently	☐in the past	☐never

Which Pharmacy Do you Use (Name and Address)?