Medical History

Patient: ____ Date: _____________

Reason for today's visit: ____

Are you allergic to any Medications? ☐ YES ☐ NO If yes, list:

1.____ 2.____________________________________

List all Medications you are currently taking:

1. ____ 3.____________________________________

2.____ 4.____________________________________

Do you have now, or have you ever had diseases or conditions of: (Please check if so)

Lungs:
- ☐ Bronchitis
- ☐ Emphysema
- ☐ Asthma
- ☐ Chronic Cough
- ☐ Morning Cough

Vascular:
- ☐ High Blood Pressure
- ☐ Chest Pain
- ☐ Heart Attack
- ☐ Heart Murmur
- ☐ Irregular Heartbeat
- ☐ Pacemaker
- ☐ Phlebitis

Other Systemic:
- ☐ Diabetes
- ☐ Thyroid
- ☐ Kidney
- ☐ Bladder
- ☐ Stomach
  - ☐ Bowel
  - ☐ Hepatitis or Yellow Skin
  - ☐ Glaucoma
- ☐ Arthritis/Joint Deformity
- ☐ Convulsions, Epilepsy or Seizures
- ☐ Fainting

Do you drink alcohol? ☐ YES ☐ NO If YES___________drinks per day

Do you use IV drugs? ☐ YES ☐ NO If YES, what?_________How much?_________

Have you had or have you been exposed to HIV(AIDS)? ☐ YES ☐ NO

Have you ever had dental anesthesia (Novacaine)? ☐ YES ☐ NO Any bad reaction? ☐ YES ☐ NO

Skin:

When you are exposed to the sun, do you: ☐ Tan only ☐ Tan and Burn ☐ Burn

Have you ever had skin cancer? ☐ YES ☐ NO

Has anyone in your family had skin cancer? ☐ YES ☐ NO If YES, Who?__________

Do you have a history of any specific skin diseases? ☐ YES ☐ NO

If yes, please list:____

List any other disease or condition that we should know about:_________________________________

List surgical procedures you have had in the last 6 months:____________________________________

Please answer the following questions:

- A. Do you smoke? ☐ YES ☐ NO If yes, how much:_________
- B. Do you bleed easily? ☐ YES ☐ NO
- C. (Women) Are you pregnant? ☐ YES ☐ NO Due date:______________
- D. Do you have artificial joint(s)? ☐ YES ☐ NO
- E. What is your occupation?____
- F. What are your hobbies?____

Completed by: ☐ Patient
☐ Medical Assistant______________
Initials

____
Signed by Physician Date

____
Reviewed by Date

Jason B. Amato, MD
Dermatology