



**Kuchnir Dermatology
& Dermatologic Surgery**

Patient Health History

Patient identification sticker here

Primary Care Physician: _____ Date: _____

What is the main reason for your visit today? _____

Did your Primary Care Physician suggest this visit (a dermatology consult)? Yes No

If not, who suggested this visit? another doctor, nurse, or physician's assistant (who?) _____
 self friend/family member other _____

<p>Dermatologic History Have you ever been diagnosed with:</p> <p>Melanoma? Yes No</p> <p>Any other kind of skin cancer? (Basal, Squamous, other) Yes No</p> <p>Any other skin condition?</p>	<p>General Medical & Surgical History Please list any medical conditions or major surgeries. Include all conditions with which you have ever been diagnosed, even if they are under good control.</p>	<p>Medications Please list any medications you are currently taking. Include birth control pills, over the counter medications, and herbs.</p>
<p>OFFICE USE ONLY</p>	<p>Family History Has anyone in your immediate family had skin cancer? (parents, siblings, children) Yes No Unknown</p> <p>If yes, what kind? Who? <input type="checkbox"/> Basal or Squamous Cell Carcinoma (the most common skin cancers) <input type="checkbox"/> Melanoma (less common, but more serious) <input type="checkbox"/> Not sure</p>	<p>Allergies to medications? No Yes (please list drug & reaction)</p> <p>Allergies to other items? (food, pollen, etc.) No Yes (please list)</p>
		<p>Social History How many times in your life have you had a sunburn bad enough to make you blister? Never 1 time 2 or more times</p> <p>Have you ever used tanning beds? Never in the Past Currently</p> <p>Have you ever smoked tobacco? Never in the Past Currently</p> <p>Do you use sunscreen: Never or Rarely Summer/ intense outdoor activities only Daily year round</p> <p>Occupation: _____</p>