

Name \_\_\_\_\_ Date \_\_\_\_\_

Preferred Language \_\_\_\_\_ Race \_\_\_\_\_ Ethnic Group \_\_\_\_\_

<b>PREFERRED PHARMACY</b>	
<b>Name</b>	
Address	<b>ZIP CODE</b>
PHONE NUMBER	

**Past Medical History**

- Anxiety
- Arthritis
- Asthma
- Atrial Fibrillation (irregular heart beat)
- HBP
- Bone Marrow Transplant
- Breast cancer
- Colon Cancer
- COPD
- Coronary Artery Disease
- Depression
- Diabetes
- End Stage Renal Disease
- GERD
- Hearing Loss
- Hepatitis
- Hypertension
- HIV/AIDS
- Hypercholesterolemia
- Leukemia
- Lung Cancer
- Lymphoma
- Prostate Cancer
- Radiation Treatment
- Seizures
- Stroke
- None
- Other \_\_\_\_\_

**Past Surgical History** (please check all that apply)

Appendix Removed  
Bladder Removed  
Mastectomy (Right, Left, Bilateral)  
Lumpectomy (Right, Left, Bilateral)  
Breast Biopsy  
Breast Reduction  
Breast Implants  
Colectomy: Colon Cancer Resection  
Colectomy: Diverticulitis  
Colectomy: IBD  
Gallbladder Removed  
Coronary Artery Bypass  
PTCA  
Kidney Biopsy  
Kidney Removed (Right, Left)  
Kidney Stone Removal  
Kidney Transplant  
Ovaries Removed: Endometriosis  
Ovaries Removed: Cyst  
Ovaries Removed: Ovarian Cancer  
Prostate Removed: Prostate Cancer  
Prostate Biopsy  
TURP: Prostatectomy  
Skin Biopsy  
Biological Valve Replacement  
Heart Transplant  
Joint Replacement Knee (Right, Left, Bilateral)  
Joint Replacement Hip (Right, Left, Bilateral)  
Joint Replacement within last 2 years  
Melanoma Surgery  
Spleen Removed  
Testicles Removed (Right, Left, Bilateral)  
Hysterectomy: Fibroids  
Hysterectomy: Uterine Cancer  
Other \_\_\_\_\_

None

**Skin Disease History** (Please check all that apply)

Acne  
Actinic Keratosis  
Basal Cell Cancer  
Blistering Sunburns  
Dry Skin  
Eczema

Flaking or Itchy Scalp  
Hay Fever/Allergies  
Melanoma  
Poison Ivy  
Precancerous Moles  
Psoriasis  
Squamous Cell Cancer  
None

Do you wear Sunscreen? Yes\_\_ No\_\_

If yes what SPF? \_\_\_\_\_

Do you tan in a tanning salon?

Do you have a family history of Melanoma? Yes\_\_ No\_\_

If yes, which relative(s)? \_\_\_\_\_

**Medications:** Please enter all current medications and doses/include over the counter medications

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**Allergies:** Please enter all allergies

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**Social History** (Please check all that applies)

Not sexually active

Sexually active with one partner

Same sex partner

Drug use

IV Drug use

Other \_\_\_\_\_

**Alcohol consumption:**

None

Less than 1 drink a day

3 or more drinks per day

How many times in the past year have you had

4 ore more drinks per day? \_\_\_\_\_

**Smoking Status:** (Please check all that apply)

Current smoker

Former Smoker

Never Smoked

**Have you received a pneumonia vaccination?** Yes\_\_ No\_\_

**Family History of Cancer** yes\_\_ no\_\_ unknown\_\_

If yes, who in your family? \_\_\_\_\_

**Review of Systems:** (Please circle all that applies)

Abdominal pain

Anxiety

Blurry vision

Bloody stool

Bloody urine

Chest Pain

Cough

Currently having menstrual periods

Depression

Fever or chills

Hay Fever

Headaches

Irregular menstrual cycle

Immunosuppression

Joint aches

Muscle weakness

Neck stiffness

Night Sweats

New hair growth on face, chest or abdomen

New moles

Problems with bleeding/easy bruise ability

Problems with healing

Problems with scarring (hypertrophic or keloid)

Palpitations, irregular heart beat

Rash

Sensitivity to sunlight

Significant hair loss

Seizures

Shortness of breath

Significant change in existing moles

Significant persistent or intermittent itching of the skin

Significant persistent or intermittent burning of the skin

Sore throat

Thyroid problems

Unintentional weight loss

**Alerts** (circle the one that applies to you)

Allergy to adhesive- rash

Allergy to lidocaine- itching

Allergy to lidocaine- palpitations

Allergy to lidocaine- sweating

Allergy to topical antibiotic ointments

Allergy to – latex

Artificial heart valve

Artificial joints within past two years

Blood thinners

Defibrillator

MRSA

Pacemaker

Patient vasovagal

Personal history of malignant melanoma

Premedication prior to procedures

Rapid heart Beat with epinephrine

Pregnancy or planning a pregnancy