Past Medical History

SELECT ANY OF THE FOLLOWING MEDICAL CONDITIONS THAT YOU CURRENTLY HAVE

- ☐ None
  - ☐ Anxiety
  - ☐ Arthritis
  - ☐ Asthma
  - ☐ Atrial Fibrillation (Irregular Hearbeat)
  - ☐ Bone Marrow Transplantation
  - ☐ BPH
  - ☐ Breast Cancer
  - ☐ Colon Cancer
  - ☐ COPD
  - ☐ Coronary Artery Disease
  - ☐ Depression
  - ☐ Diabetes
  - ☐ End Stage Renal Disease
  - ☐ GERD
  - ☐ Hearing Loss
  - ☐ Hepatitis
  - ☐ Hypertension
  - ☐ HIV/AIDS
  - ☐ Hypercholesterolemia
  - ☐ Hyperthyroidism
  - ☐ Hypothyroidism
  - ☐ Leukemia
  - ☐ Lung Cancer
  - ☐ Lymphoma
  - ☐ Prostate Cancer
  - ☐ Radiation Treatment
  - ☐ Seizures
  - ☐ Stroke
- ☐ Other

Family History

Do you have a family history of Melanoma? ◯ Yes ◯ No

If yes, which relatives?

- ☐ None
  - ☐ Mother
  - ☐ Father
  - ☐ Sister
  - ☐ Brother
  - ☐ Daughter
  - ☐ Son
  - ☐ Uncle
  - ☐ Aunt
  - ☐ Nephew
  - ☐ Niece
  - ☐ Grandmother
  - ☐ Grandfather
  - ☐ Grandson
  - ☐ Granddaughter
- ☐ Other

Skin Disease History

Have you had any of the following skin conditions?

- ☐ None
  - ☐ Acne
  - ☐ Actinic Keratoses
  - ☐ Asthma
  - ☐ Basal Cell Skin Cancer
  - ☐ Blistering Sunburns
  - ☐ Dry Skin
  - ☐ Eczema
  - ☐ Flaking or Itchy Scalp
  - ☐ Hay Fever/Allergies
  - ☐ Melanoma
  - ☐ Poison Ivy
  - ☐ Precancerous Moles
  - ☐ Psoriasis
  - ☐ Squamous Cell Skin Cancer
- ☐ Other

Do you wear sunscreen? ◯ Yes ◯ No If yes, what SPF? ______

Do you tan in a tanning salon? ◯ Yes ◯ No

Surgical History

Have you had any surgeries on the following organs?

- [ ] None

- [ ] Appendix (Appendectomy)
- [ ] Bladder (Cystectomy)
- [ ] Breast - Breast Biopsy
- [ ] Breast - Lumpectomy (Both Breasts)
- [ ] Breast - Lumpectomy (Left Breasts)
- [ ] Breast - Lumpectomy (Right Breasts)
- [ ] Breast - Mastectomy (Both Breasts)
- [ ] Breast - Mastectomy (Left Breasts)
- [ ] Breast - Mastectomy (Right Breasts)
- [ ] Colon (Colectomy) - Colon Cancer Resection
- [ ] Colon (Colectomy) - Diverticulitis
- [ ] Colon (Colectomy) - Inflammatory Bowel
- [ ] Disease
- [ ] Colon - Colostomy
- [ ] Gallbladder (Cholecystectomy)
- [ ] Heart - Biological Valve Replacement
- [ ] Heart - Coronary Artery Bypass)
- [ ] Heart - Heart Transplant
- [ ] Heart - Mechanical Valve Replacement
- [ ] Heart - PTCA
- [ ] Joint Replacement - Hip (Both)
- [ ] Joint Replacement - Hip (left)
- [ ] Joint Replacement - Hip (Right)
- [ ] Joint Replacement - Knee (Both)
- [ ] Joint Replacement - Knee (Left)
- [ ] Joint Replacement - Knee (Right)
- [ ] Kidney - Kidney Biopsy
- [ ] Kidney - Kidney Stone Removal
- [ ] Kidney - Kidney Transplant
- [ ] Kidney - Nephrectomy
- [ ] Liver - Hepatectomy
- [ ] Liver - Liver Transplant
- [ ] Liver - Shunt
- [ ] Ovaries (Oophorectomy) - Endometriosis
- [ ] Ovaries (Oophorectomy) - Ovarian Cancer
- [ ] Ovaries (Oophorectomy) - Ovarian Cyst
- [ ] Ovaries - Tubal Ligation
- [ ] Pancreas - Pancreatectomy
- [ ] Prostrate (Prostatectomy) - Prostate
- [ ] Biopsy
- [ ] Prostrate (Prostatectomy) - Prostate Cancer
- [ ] Prostrate (Prostatectomy) - TURP
- [ ] Rectum - APR
- [ ] Rectum - Low Anterior Resection
- [ ] Skin - Basal Cell Carcinoma
- [ ] Skin - Melanoma
- [ ] Skin - Skin Biopsy
- [ ] Skin - Squamous Cell Carcinoma
- [ ] Spleen (Splenectomy
- [ ] Testicles (Orchiectomy)
- [ ] Uterus (Hysterectomy) - Fibroids
- [ ] Uterus (Hysterectomy) - Uterine Cancer
- [ ] Uterus (Hysterectomy) - Cervical Cancer

- [ ] Other