## **Past Medical History**

## SELECT ANY OF THE FOLLOWING MEDICAL CONDITIONS THAT YOU CURRENTLY HAVE

None						
Anxiety		Hearing Loss				
Arthritis		Hepatitis				
Asthma		Hypertension				
Atrial Fibrillation (Irr	egular Hearbeat)	HIV/AIDS				
Bone Marrow Transp	plantation	Hypercholesterolemia				
ВРН		Hyperthyroidism				
Breast Cancer		Hypothyroidism				
Colon Cancer		Leukemia				
COPD		Lung Cancer				
Coronary Artery Dise	ease	Lymphoma				
Depression		Prostate Cancer				
Diabetes		Radiation Treatment				
End Stage Renal Dise	ease	Seizures				
GERD		Stroke				
Other						

## **Family History**

If yes, which relatives?  None  Mother Daughter Nephew Grandfather Father Son Niece Grandson Sister Uncle Grandmother Granddaughter Brother Aunt Other  Skin Disease History  Have you had any of the following skin conditions?  None Acne Flaking or Itchy Scalp Actinic Keratoses Hay Fever/Allergies Asthma Melanoma Basal Cell Skin Cancer Poison Ivy Blistering Sunburns Precancerous Moles Dry Skin Psoriasis Eczema Squamous Cell Skin Cancer Other	Do you have a family history of Melanoma? Yes No						
Mother	If yes, which relatives?						
Father Son Niece Grandson Sister Uncle Grandmother Granddaughter Brother Aunt Other  Skin Disease History  Have you had any of the following skin conditions?  None Flaking or Itchy Scalp Actinic Keratoses Hay Fever/Allergies Asthma Melanoma Basal Cell Skin Cancer Poison Ivy Blistering Sunburns Precancerous Moles Dry Skin Psoriasis Eczema Squamous Cell Skin Cancer Other	None						
Sister Uncle Grandmother Granddaughter Brother Aunt Other  Skin Disease History  Have you had any of the following skin conditions?  None Acne Flaking or Itchy Scalp Actinic Keratoses Hay Fever/Allergies Asthma Melanoma Basal Cell Skin Cancer Poison Ivy Blistering Sunburns Precancerous Moles Dry Skin Psoriasis Eczema Squamous Cell Skin Cancer Other	Mother Daughter	Nephew Grandfather					
Brother Aunt  Skin Disease History  Have you had any of the following skin conditions?  None Acne Acne Actinic Keratoses Asthma Basal Cell Skin Cancer Blistering Sunburns Precancerous Moles Dry Skin Eczema Squamous Cell Skin Cancer Other	Father Son	Niece Grandson					
Skin Disease History  Have you had any of the following skin conditions?  None Acne Actinic Keratoses Asthma Melanoma Basal Cell Skin Cancer Blistering Sunburns Dry Skin Eczema Squamous Cell Skin Cancer Other	Sister Uncle	Grandmother Granddaughter					
Skin Disease History  Have you had any of the following skin conditions?  None Acne Actine Flaking or Itchy Scalp Hay Fever/Allergies Melanoma Basal Cell Skin Cancer Poison Ivy Blistering Sunburns Precancerous Moles Dry Skin Psoriasis Eczema Squamous Cell Skin Cancer Other	Brother Aunt						
Have you had any of the following skin conditions?  None Acne Actinic Keratoses Hay Fever/Allergies Asthma Melanoma Basal Cell Skin Cancer Poison Ivy Blistering Sunburns Precancerous Moles Dry Skin Psoriasis Eczema Squamous Cell Skin Cancer	Other						
None Acne Actinic Keratoses Hay Fever/Allergies Asthma Basal Cell Skin Cancer Blistering Sunburns Precancerous Moles Dry Skin Eczema Squamous Cell Skin Cancer Other	Skin Disease History						
Acne	Have you had any of the following skin conditions?						
Actinic Keratoses	None						
Asthma   Melanoma   Poison Ivy   Precancerous Moles   Psoriasis   Squamous Cell Skin Cancer   Other	Acne	Flaking or Itchy Scalp					
Basal Cell Skin Cancer  Blistering Sunburns  Precancerous Moles  Project Skin  Precancerous Moles  Squamous Cell Skin Cancer  Other	Actinic Keratoses	Hay Fever/Allergies					
Blistering Sunburns Precancerous Moles Dry Skin Psoriasis Eczema Squamous Cell Skin Cancer  Other	Asthma	Melanoma					
Dry Skin Psoriasis Eczema Squamous Cell Skin Cancer  Other	Basal Cell Skin Cancer	Poison Ivy					
Eczema Squamous Cell Skin Cancer  Other	Blistering Sunburns	Precancerous Moles					
Other	Dry Skin	Psoriasis					
	Eczema	Squamous Cell Skin Cancer					
Do you wear sunscreen? Yes No If yes, what SPF?	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?

Nor	ne				
	Appendix (Appendectomy)		Kidney - Kidney Stone Removal		
	Bladder (Cystectomy)		Kidney - Kidney Transplant		
	Breast - Breast Biopsy		Kidney - Nephrectomy		
	Breast - Lumpectomy (Both Breasts)		Liver - Hepatectomy		
	Breast - Lumpectomy (Left Breasts)		Liver - Liver Transplant		
	Breast - Lumpectomy (Right Breasts)		Liver - Shunt		
	Breast - Mastectomy (Both Breasts)		Ovaries (Oophorectomy) - Endometriosis		
	Breast - Mastectomy (Left Breasts)		Ovaries (Oophorectomy) - Ovarian Cancer		
	Breast - Mastectomy (Right Breasts)		Ovaries (Oophorectomy) - Ovarian Cyst		
	Colon (Colectomy) - Colon Cancer Resection		Ovaries - Tubal Ligation		
	Colon (Colectomy) - Diverticulitis		Pancreas - Pancreatectomy		
	Colon (Colectomy) - Inflammatory Bowel		Prostrate (Prostatectomy) - Prostate		
	Disease		Biopsy		
	Colon - Colostomy		Prostrate (Prostatectomy) - Prostate Cancer		
	Gallbladder (Cholecystectomy)		Prostrate (Prostatectomy) - TURP		
	Heart - Biological Valve Replacement		Rectum - APR		
	Heart - Coronary Artery Bypass)		Rectum - Low Anterior Resection		
	Heart - Heart Transplant		Skin - Basal Cell Carcinoma		
	Heart - Mechanical Valve Replacement		Skin - Melanoma		
	Heart - PTCA		Skin - Skin Biopsy		
	Joint Replacement - Hip (Both)		Skin - Squamous Cell Carcinoma		
	Joint Replacement - Hip (left)		Spleen (Splenectomy		
	Joint Replacement - Hip (Right)		Testicles (Orchiectomy)		
	Joint Replacement - Knee (Both)		Uterus (Hysterectomy) - Fibroids		
	Joint Replacement - Knee (Left)		Uterus (Hysterectomy) - Uterine Cancer		
	Joint Replacement - Knee (Right)		Uterus (Hysterectomy) - Cervical Cancer		
	Kidney - Kidney Biopsy				
Other					