



Patient Information Sheet

Patient Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Date: \_\_\_\_\_

Reason(s) for Visit: (chief complaint)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wear Sunscreen: Yes No If yes, what SPF? \_\_\_\_\_

Past Medical History: (check all that apply)

- Anxiety
- Arthritis
- Atrial Fibrillation
- Bone Marrow Transplant
- BPH (Enlarged Prostate)
- Cancer: \_\_\_\_\_
- \_\_\_\_\_
- Cholelithiasis (Gallstones)
- COPD
- Coronary Artery Disease
- Depression
- Diabetes
- End Stage Renal Disease
- GERD (Acid Reflux)
- Hearing Loss
- Hepatitis: \_\_\_\_\_
- \_\_\_\_\_
- Hypertension
- HIV/AIDS
- Hypercholesterolemia
- Hyperthyroidism
- Hypothyroidism
- Leukemia
- Lymphoma
- Nephrolithiasis (Kidney Stones)
- Seizures
- Stroke (CVS/TIA)
- Other: \_\_\_\_\_

Appendix:

- Appendectomy

Bladder:

- Cystectomy (removal)

Breast:

- Lumpectomy: Right/Left
- Mastectomy: Right/Left

Joint Replacement:

- Hip: Right Left
- Knee: Right Left

Pancreas:

- Pancreactectomy (removal)

Prostate:

- Prostatectomy (removal)
- TURP

Rectum:

- APR (abdominal perineal resection)
- Low Anterior Resection

**Colon:**

- Colon Cancer Resection
- Diverticulitis
- Inflammatory Bowel Disease
- Gallbladder Removal

**Heart:**

- Biological Valve Replacement
- Coronary Artery Bypass Surgery (CABG)
- Defibrillator

**Kidney:**

- Dialysis
- Stone Removal
- Transplant
- Nephrectomy (removal)

**Liver:**

- Hepatectomy
- Transplant
- Shunt

**Ovaries:**

- Tubal Ligation

**Spleen:**

- Splenectomy (removal)

**Testicles:**

- Orchiectomy (removal)

**Uterus:**

- Partial Hysterectomy
- Total Hysterectomy

**Other:**

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**Past Surgeries:** (check all that apply)

**Skin Disease:** (check all that apply)

- |                        |                          |                           |
|------------------------|--------------------------|---------------------------|
| • Acne                 | • Dry Skin               | • Melanoma                |
| • Actinic Keratosis    | • Eczema                 | • Precancerous Moles      |
| • Asthma               | • Flaking or Itchy Scalp | • Psoriasis               |
| • Basal Cell Carcinoma | • Hay Fever/Allergies    | • Squamous Cell Carcinoma |

**Medications:** Please list all medications that you are currently taking, including over the counter and vitamins


**Allergies:** (Check all that apply)



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- No Known Drug Allergies
- Adhesive
- Codeine
- Environmental Allergies: \_\_\_\_\_
- Food Allergies: \_\_\_\_\_
- Iodine
- IV/Contrast Dye
- Latex
- Lidocaine
- Penicillin
- Sulfa
- Topical Antibiotic Ointments
- Other: \_\_\_\_\_

### **Social History:** (circle all that apply)

**Smoking Status:** Current    Former    Never    **Alcohol Use:** None    less than 1 drink per day  
1-2 drinks per day    3 or more per day

### **Family History:** (Check all that apply, write the family member relation; i.e. parent, sibling, child, etc.)

- Adopted
- Non-Melanoma Skin Cancer: \_\_\_\_\_
- Melanoma: \_\_\_\_\_
- Psoriasis: \_\_\_\_\_
- Eczema: \_\_\_\_\_
- Dermatitis: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Other: \_\_\_\_\_

### **Alerts:** (Check all that apply)

- Allergy to adhesive
- Allergy to latex
- Allergy to lidocaine
- Allergy to topical antibiotic ointment
- Artificial heart valve
- Artificial joints within past two years
- Blood thinners
- Defibrillator
- Hepatitis A
- Hepatitis B
- Hepatitis C
- HIV/AIDS
- History of Melanoma
- MRSA
- Pacemaker
- Premedication prior to procedures
- Rapid Heartbeat with Epinephrine