

History and Intake Form

Name: _____

DOB: _____

Past Medical History:

Anxiety Disorder
Arthritis
Asthma
Atrial Fibrillation (irregular heartbeat)
BPH (Benign Prostatic Hyperplasia)
Cerebrovascular accident
Chronic obstructive lung disease (COPD)
Coronary arteriosclerosis (artery disease)
Depressive disorder
Diabetes mellitus
Elevated blood pressure
End stage renal disease
Epilepsy
GERD (acid reflux)
Other: _____

Hearing Loss
Human immunodeficiency virus (HIV) infection
Hypercholesterolemia
Hyperthyroidism
Hypothyroidism
Inflammatory disease of liver
Leukemia
Malignant lymphoma (clinical)
Malignant tumor of lung
Malignant tumor of breast
Malignant tumor of colon
Malignant tumor of prostate
Radiation therapy treatment management
Transplantation of bone marrow

None

Past Surgical History:

Abdominoperineal resection
Bilateral replacement of knee joints
Biopsy of breast
Biopsy of prostate
Coronary artery bypass graft
Entire transplanted kidney
Excision of basal cell carcinoma
Excision of melanoma
Excision of squamous cell carcinoma
History of colostomy
History of tubal ligation
History of appendectomy
History of bilateral mastectomy
History of cholecystectomy
History of colectomy
History of liver excision
History of PTCA
History of tissue graft heart valve replacement
History of total cystectomy
History of transurethral prostatectomy

Hysterectomy
Kidney biopsy
Low anterior resection of rectum
Lumpectomy of (left / right) breast
Mastectomy of (left / right) breast
Mechanical heart valve replacement
Oophorectomy
Pancreatectomy
Percutaneous extraction of kidney stone
Portosystemic shunt operation
Prostatectomy
Prosthetic arthroplasty of bilateral hips
Splenectomy
Surgical biopsy of skin
Total nephrectomy
Total orchidectomy
Total replacement of (left / right) hip joint
Total replacement of (left / right) knee joint
Transplantation of heart
Transplantation of liver

Other: _____

None

Skin Disease History:

Acne
Actinic Keratosis
Basal cell carcinoma of skin
Contact dermatitis due to poison ivy
Dysplastic nevus of skin (irregular moles)
Eczema
History of asthma
Other: _____
None

History of hay fever
Melanoma
Year: Type: Location:
Pruritus (itching) of scalp
Psoriasis
Squamous Cell Skin Cancer
Sunburn of second degree (blistering)

Do you wear Sunscreen? Yes No
If yes, what SPF? _____

Do you tan in a tanning salon? Yes No

Do you have a family history of melanoma? Yes No
If yes, which relative(s)? _____

Medications (please list current along with dosage):

None

Allergies:

None

Social History:

Smoking Status

Never smoker
Former smoker
Current smoker

Immunization

Influenza (flu) Yes / No
Pneumococcal Yes / No
(pneumonia)

Pharmacy:

Name: _____ Phone: _____

Address: _____