

Past Surgeries/Hospitalizations/Joint Replacement/Transplant: Surgery, etc

Notes:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Skin-pertinent Family History:

Family Member:

Notes:

- No family history
- Abnormal Bleeding
- Abnormal Moles/Dysplastic Moles
- Asthma/Hayfever/exzema
- Skin Cancer
 - BCC
 - SCC
 - Melanoma

Allergies to Medications (if none, please indicate none):

Allergy

Notes:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Current Medications (if none, please indicate none):

Medications

Notes:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

How often do you consume alcohol?

- never once in awhile daily

Have you ever tested positive for any STD?

- Yes No

Do you smoke cigarettes? If so, how many packs per day?

- No, I don't smoke. <1 pack/day 1 pack/day 2 packs/day 3 packs/day 4 packs/day 4+ packs/day

By signing below, I hereby acknowledge that all information provided above is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____

Full Name: _____