Medical History

Name:_____ Date:_____

Do you currently have or have you ever had any of the following:

Skin
- ☐ atypical moles (dysplatic nevi)
- ☐ precancer (actinic keratosis)
- ☐ basal cell carcinoma
- ☐ squamous cell carcinoma
- ☐ melanoma
- ☐ abnormal scarring/keloids
- ☐ other_____
- ☐ normal

Immune
- ☐ lupus
- ☐ organ transplantation
- ☐ cancer chemotherapy
- ☐ other_____
- ☐ normal

Neurological
- ☐ stroke
- ☐ seizure (epilepsy)
- ☐ neuralgia
- ☐ numbness/tingling
- ☐ other_____
- ☐ normal

Respiratory
- ☐ asthma
- ☐ emphysema
- ☐ cough
- ☐ other_____
- ☐ normal

Hematologic/Lymphatic
- ☐ anemia
- ☐ bleeding problems
- ☐ enlarged lymph nodes
- ☐ other_____
- ☐ normal

Does your dentist ask you to take antibiotics before dental work? Y / N

Are you currently pregnant, planning to become pregnant, or nursing? Y / N

Are you allergic to latex? Y / N

Surgeries (please list):_____

_____

_____

Hospitalizations/Other illnesses:_____

_____

_____

Are you a smoker: Y / N

Musculoskeletal
- ☐ artifial joints
- ☐ arthritis
- ☐ muscle weakness
- ☐ fibromyalgia
- ☐ other_____
- ☐ normal

Infections
- ☐ hepatitis (A) or (B) or (C)
- ☐ HIV / AIDS
- ☐ tuberculosis /TB
- ☐ other_____

- ☐ normal

Cardiovascual
- ☐ high blood pressure
- ☐ chest pain
- ☐ heart attack
- ☐ pacemaker
- ☐ artificial heart valve
- ☐ other_____
- ☐ normal

Endocrine
- ☐ diabetes
- ☐ thyroid
- ☐ oral steroid use
- ☐ other_____
- ☐ normal

Psychiatric
- ☐ depression
- ☐ anxiety
- ☐ dementia
- ☐ other_____
- ☐ normal

Eye/Ear/Nose/Throat
- ☐ glaucoma
- ☐ hearing aid
- ☐ plastic surgery
- ☐ other_____
- ☐ normal

Allergies (please list all medication and food allergies:_____

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Medications (please list all prescribed medications and over the counter medications):_____

_____

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_____

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