c h i c a g o
COSMETIC SURGERY AND DERMATOLOGY

# Medical History Form

| PATIENT INFORMATION | | | DATE: |
|---|---|---|---|
| NAME: | BIRTHDATE: | AGE: | GENDER: |
| INSURANCE COMPANY: | REFERRED BY: | | |
| REASON FOR VISIT. IF MULTIPLE PLEASE DETAIL: | | | |

**ALLERGIES & MEDICATION**

ALLERGIES – PLEASE CHECK ALL THAT APPLY TO YOU:
Penicillin ☐ Sulfa ☐ Tetracycline ☐ Doxycycline ☐ Codeine ☐ Other ☐ NO KNOWN ☐

PLEASE PROVIDE FURTHER DETAIL AS TO THE MEDICATION OR REACTION YOU EXPERIENCE:

CURRENT MEDICATIONS (INCLUDING PRESCRIPTION, HERBAL AND OVER THE COUNTER):

| PHARMACY NAME: | TEL#: | FAX: | CROSS STREETS: |
|---|---|---|---|
| | | | |

**PATIENT PAST MEDICAL HISTORY** ***Please check all that apply to you*** **NONE** ☐

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Anemia | ☐ | Chicken Pox/Shingles | ☐ | Hepatitis | ☐ | Pulmonary Embolus | ☐ |
| Arthritis/Rheumatism | ☐ | Depression/Anxiety | ☐ | Herpes | ☐ | Recent Weight Loss/Gain | ☐ |
| Asthma/Lung Disease | ☐ | Diabetes | ☐ | High Blood Pressure | ☐ | Sexually Transmitted | ☐ |
| Bleeding Disorder | ☐ | Double/Blurred Vision | ☐ | High Cholesterol | ☐ | Stroke | ☐ |
| Breast Cancer | ☐ | GERD/Peptic Ulcer | ☐ | HIV/AIDS | ☐ | Thyroid Disorder | ☐ |
| Cancer | ☐ | Glaucoma | ☐ | Kidney Disease | ☐ | Tuberculosis | ☐ |
| Chest Pain/TIghtness | ☐ | Heart Disease | ☐ | Liver Disease/Hepatitis | ☐ | Weakness/Paralysis | ☐ |

| OTHER, PLEASE SPECIFY: | DETAILS: |
|---|---|
| | |

PAST SURGERIES/HOSPITALIZATION with DATE:

**PATIENT SKIN HISTORY** ***Please check all that apply to you*** **NONE** ☐

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Eczema | ☐ | Psoriasis | ☐ | Sunburn | ☐ | Basal Cell Carcinoma | ☐ |
| Squamous Cell Carcinoma | ☐ | Malignant Melanoma | ☐ | Other suspicious lesion/s | ☐ | Scars Easily | ☐ |
| Bruises Easily | ☐ | Non-healing wounds | ☐ | | | | |

**PATIENT UV EXPOSURE** ***Please check all that apply to you***

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Uses sunblock | ☐ | Does not use sunblock | ☐ | Uses self tanner | ☐ | Uses tanning booth | ☐ |
| | | Does not use tanning booth | ☐ | | | History of tanning booth use | ☐ |

**PATIENT TANNING HISTORY/FITZPATRICK SCALE**

| | | | |
|---|---|---|---|
| Always burns, never tans, Skin Type I | ☐ | Always burns, tans minimally, Skin Type II | ☐ |
| Sometimes mild burn, tans uniformly, Skin Type III | ☐ | Rarely burns, always tans well, Skin Type IV | ☐ |
| Very rarely burns, tans very easily, Skin Type V | ☐ | Never burns, tans very easily, Skin Type VI | ☐ |

**PATIENT FAMILY HISTORY** ***Please check all that apply to you and specify further detail in the box provided below***

| | | | | | |
|---|---|---|---|---|---|
| No relevant Family History | ☐ | Uknown/Adopted | ☐ | Eczema | ☐ |
| Psoriasis | ☐ | Malignant Melanoma | ☐ | Skin Cancer | ☐ |
| Breast Cancer | ☐ | Ovarian Cancer | ☐ | Uterine Cancer | ☐ |

| OTHER, PLEASE SPECIFY: | DETAILS: |
|---|---|
| | |

**PATIENT SOCIAL HISTORY – Alcohol, Drug Use and Smoking**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Denies Alcohol Use | ☐ | Takes Alcohol 1-2 per week | ☐ | Takes Alcohol Daily | ☐ | Admits Alcohol Abuse | ☐ |
| Never Smoker | ☐ | Light Tabacco User | ☐ | Heavy Tobacco User | ☐ | Former Smoker | ☐ |
| Denies Drug Use | ☐ | Admits to Using Illegal Drugs | ☐ | Admits history of Drug Abuse | ☐ | | |