Dermatology Professionals History and Intake Form (R7)

Time:_____

AEA TJG KLJ PBL NTM KJN BRW

Patient Name:_____ Date ofBirth_____

Height_____ Weight_____ New Patient_____ Est. Patient_____

Primary CarePhysician_____

Preferred Pharmacy_____ City_____

Have you ever been diagnosed with cancer? Yes or No. If yes, what type?_____

Past Medical History: (please circle all that apply)

Anxiety
Arthritis
Osteoarthritis
Rheumatoid Arthritis
Psoriatic Arthritis
Asthma
Atrial Fibrillation
BPH (Enlarged Prostate)
Bone Marrow Transplant
Breast Cancer
Colon Cancer
COPD
Coronary Artery Disease
Depression
Diabetes (Type I or II)
Renal Disease
GERD (Acid Reflux)
Hearing Loss
Hepatitis
Hepatitis C
High Blood Pressure
High Cholesterol
HIV/AIDS
Hypothyroidism
Hyperthyroidism
Leukemia
Ulcerative Colitis
Cirrhosis (Liver Disease)
Lung Cancer
Seasonal Allergies
Lymphoma
Neuropathy
Prostate Cancer
Radiation Treatment
Seizures
Stroke
Parkinson's Disease
MS
Crohn's Disease
Immunosuppressed
Other_____
_____

Past Surgical History: (please circle all that apply)

Appendix
Bladder Removed
Basal Cell Cancer Surgery
Biological Valve Replacement
Breast Biopsy (Right, Left, Both)
C-Section
Colectomy
Coronary Artery Bypass
Gallbladder Removed
Heart Transplant
Hysterectomy
Joint Replacement within last 2 years Joint Replacement, Hip (Right, Left, Both) Joint Replacement, Knee (Right, Left, Both)
Kidney Biopsy
Kidney Removed (Right, Left)
Kidney Stone Removal
Kidney Transplant
Lumpectomy (Right, Left, Both)
Mastectomy (Right, Left, Both)
Mechanical Valve Replacement
Melanoma Surgery
Ovary Removed (Right, Left, Both)
Ovaries: Tubal Ligation
Prostate Biopsy
Prostate Removed: Prostate Cancer
Skin Biopsy
Tonsillectomy
TURP (Prostate Resection)
Squamous Cell Carcinoma Surgery
Spleen Removed
Testicle Removed (Right, Left, Both) Wisdom Tooth Extraction
None
Other_____

For Patients 65 and Older

Have you received a pneumonia vaccination? yes or no
Do you have an advanced care plan? yes or no
Do you have a living will? yes or no

Continue ->