Past Medical and Family History

Name _____ Age _____ Date of Birth ____/____/____

Who is your Primary/General Care Physician? _____
How did you hear about our office? □ Physician (Whom) _____
□ Family/Friend_____ □ Insurance □ Internet □ Other _____

Please answer the following questions (Please Circle Answer):

When you are exposed to the sun do you: Tan Tan & Burn Burn
Do you routinely take aspirin? Yes No
Tobacco Use: Current Former Never **Alcohol Use**: Current Everyday Current Someday Former Never
For Females: Having periods? Yes No Are periods regular? Yes No Are you pregnant? Yes No

Do you or your blood relatives have any history of the following?

	You	Relative		You	Relative
Skin			**Psychiatric**		
Melanoma Skin Cancer			Depression		
Basal Cell Skin Cancer			Suicide Attempt/Thoughts		
Squamous Cell Skin Cancer			Bipolar Disorder		
Psoriasis			Schizophrenia		
Eczema			Anxiety Disorder		
Other_____			**Neurological**		
Rheumatologic			Stroke		
Lupus			Seizures		
Arthritis			Multiple Sclerosis		
Other_____			Parkinson's Disease		
Hematologic/Lymphatic			Other _____		
Bleeding Disorder			**Endocrine**		
Lymphoma/Leukemia			Diabetes		
Sickle Cell			Thyroid Disorder		
G6PD Deficiency			Other _____		
Anemia			**Gastrointestinal**		
Other_____			Ulcer		
Cardiovascular			Liver Disorder		
Congestive Heart Failure			Colitis		
Hypertension			**Breast**		
Irregular Heartbeat			Cystic Breast		
Pacemaker			**Musculoskeletal**		
Chest Pain			Arthritis		
Other_____			Artificial Joint		
Respiratory			**Infectious**		
Asthma			Hepatitis (A, B, or C)		
COPD/Emphysema			HIV		
Other_____			Syphilis		
			Sexually Transmitted Disease		

List any other disease or condition we should know about. _____
List surgical procedures you have had in the past 12 months._____

Please list your current medications:

1._____
2. _____
3. _____
4. _____

Do you have any known drug allergies (please circle)? Yes No
If YES, which drug(s):

1. _____
2. _____
3. _____
4. _____

_____ _____/_____/_____
Patient/Guardian Signature Date

_____ _____/_____/_____
Reviewed By Date

Ver. 10032017