Midlothian Dermatology

MEDICAL HISTORY

Patient Name:			Today's Date:
Date of Birth:		Age:	-
Reason for visit:			
Are you allergic to any medications			Latex Allergy?
1		2	
ist all medications (incl. herbals/su	pplements) you are current		
1		4	
2		5	
3		6	
ENERAL MEDICAL: Do you h		had?:	
YesAsthmaSeasonal allergiesHigh Blood PressureHeart AttackPhlebitisBlood clotsMiscarriages	No Seizures Depression Thyroid Diabetes Glaucoma Cataracts Lupus	Yes No	Yes No Arthritis I Ulcers I Fever blisters I Hepatitis I Cancer I Hives I
Do you smoke cigarettes?	//AIDS?	/es No Do yo Do yo Do yo	Yes No ou have artificial joints/heart valves?
Have you been exposed to HIN Do you have a pacemaker/defi ist any other conditions we sho			
Do you have a pacemaker/defi ist any other conditions we sho	uld know about:		
Do you have a pacemaker/defi ist any other conditions we sho	uld know about: Il procedures in the last (6 months?	
Do you have a pacemaker/defi ist any other conditions we sho id you have any surgical/denta	uld know about: Il procedures in the last (6 months?	
Do you have a pacemaker/defi ist any other conditions we sho id you have any surgical/denta to you have a family history of	uld know about: Il procedures in the last (6 months?	
Do you have a pacemaker/definitions we should be any other conditions we should you have any surgical/dentation of you have a family history of KIN:	ould know about:	6 months? acne, eczema, or	psoriasis? (who/what?)
Do you have a pacemaker/defi ist any other conditions we sho id you have any surgical/denta o you have a family history of KIN:	ould know about: Il procedures in the last (autoimmune disorders, a 	6 months? acne, eczema, or o?	psoriasis? (who/what?)
Do you have a pacemaker/defi ist any other conditions we sho did you have any surgical/denta to you have a family history of KIN: Have you ever visited a derma	ould know about: Il procedures in the last (autoimmune disorders, a tologist? □Yes □No Wh	6 months? acne, eczema, or o?	psoriasis? (who/what?)
Do you have a pacemaker/defi ist any other conditions we sho did you have any surgical/denta to you have a family history of KIN: Have you ever visited a derma Reason/Therapy? When you are exposed to the si Do you actively seek a tan ('lay Do you actively seek a tan ('lay Have you ever had at Has anyone in you Do you fo	autoimmune disorders, a tologist? □Yes □No Wh sun do you: □Tan only	6 months? acne, eczema, or o? Burn then tar Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No	psoriasis? (who/what?)When? mBurn What kind? Details:If yes, who?
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