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## MEDICAL HISTORY

Patient Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Have you ever had skin cancer? Y / N

If yes, was it basal cell, squamous cell, or melanoma? \_\_\_\_\_

Where was it located, how and when was it treated? \_\_\_\_\_

Do you have a family history of basal cell, squamous cell, or melanoma? \_\_\_\_\_

Do you have dry skin, eczema, or psoriasis? \_\_\_\_\_

Does a family member have dry skin, eczema, or psoriasis? \_\_\_\_\_

Do you smoke? How many packs a day? \_\_\_\_\_

Do you exercise? \_\_\_\_\_ Do you wear sunscreen regularly? \_\_\_\_\_

Have you ever used a tanning bed? \_\_\_\_\_

Are you interested in cosmetic procedures? \_\_\_\_\_

Do you have any body piercing or tattoos? \_\_\_\_\_

Do you have a history of drug use or alcohol abuse? \_\_\_\_\_

Are you married? \_\_\_\_\_ What is your occupation? \_\_\_\_\_

Do you have any chronic medical or skin conditions (please list)? \_\_\_\_\_

Please list all current medications (including creams) \_\_\_\_\_

Please list all drug or food allergies \_\_\_\_\_