DERMATOLOGY – HISTORY & PHYSICAL

DATE

NAME | M F | MARITAL STATUS S M W D SEP | DATE OF BIRTH

ADDRESS | PHONE (H) | (O)

OCCUPATION/ EMPLOYER | INSURANCE

REFERRED BY | PHONE

CHIEF COMPLAINT

HISTORY OF PRESENT ILLNESS

RX	MEDICATION			ALLERGIES

FAMILY HISTORY

- ☐ PSORIASIS
- ☐ SKIN CANCER
- ☐ ECZEMA
- ☐ HAY FEVER
- ☐ ASTHMA
- ☐ DIABETES
- ☐ ARTHRITIS
- ☐ CANCER
- ☐ HAIR LOSS
- ☐
- ☐

FOR OFFICE USE ONLY

PAST MEDICAL HISTORY ☑ – *Pos* ☒ – *Neg* *NA – Not Applicable*

- ☐ RECENT WEIGHT LOSS/GAIN
- ☐ ASTHMA ☐ HAY FEVER
- ☐ HIVES ☐ ECZEMA
- ☐ PSORIASIS ☐ HERPES
- ☐ KELOIDS
- ☐ SKIN CANCER
- ☐ HAIR LOSS:
  - ☐ PROGRESSIVE ☐ RECENT
- ☐ AIDS RISK
- ☐ DIABETES ☐ THYROID
- ☐ CORONARY HEART DISEASE
- ☐ HYPERTENSION
- ☐ LUNG DISEASE
- ☐ HEPATITIS
- ☐ KIDNEY DISEASE
- ☐ ARTHRITIS
- ☐ MIGRAINE ☐ HEADACHES
- ☐ SEIZURES
- ☐ NEUROL. DISEASE
- ☐ LUPUS ☐ ANEMIA
- ☐ BLEEDING DIATHESES
- ☐ CANCER *Type:*
- ☐ X-RAY THERAPY
- ☐ PREVIOUS SURGERY

FEMALES – PREGNANT
- ☐ MENST. IRREG.
- ☐ BIRTH CONTROL

SKIN SURGERY

RASH HISTORY

SURGERY/HOSPITALIZATIONS:

HABIT	CIG	ALCOHOL	OZ/ WK	COFFEE/ TEA	CUPS/ DAY	REG EXERCISE	STREET DRUGS