

Eastside Dermatology History

Name:		DOB:	
Address:		City, State, Zip:	
Home Phone:		Cell Phone:	
Emergency Contact/Relationship:		Emergency Contact Phone	
How did you learn about our office	Phonebook	Internet	Physician Family/Friend:
Physician Referral:			
Name of family physician or pediatrician:		Phone Number:	
Pharmacy name:	Location:	Phone Number:	
Are you allergic/sensitive to	Latex	Lidocaine	Epinephrine
Are you allergic to any other medication:	No Yes (if yes, please list)		
1.	2.	3.	
4.	5.	6.	
Do you take a daily Aspirin or blood thinner: Yes No		If yes please list:	
Please list all prescription medications (including prescriptions, over-the-counter, topicals, herbals) list provided			
1.	2.	3.	
4.	5.	6.	
7.	8.	9.	
Do you have now, or ever had any of the following diseases or conditions:			
Cardiovascular	Yes No	Other Systems	
High blood pressure	Yes No	Diabetes	Yes No
Heart disease/CHF	Yes No	Thyroid	Yes No
Heart Murmur	Yes No	Kidney	Yes No
Mitral Valve Prolapse	Yes No	Dialysis	Yes No
Pacemaker/Defibrillator	Yes No	Gastrointestinal	Yes No
Irregular heart rate	Yes No	Ulcers	Yes No
Other cardiac :		Cold Sores	Yes No
Dermatology		Herpes	Yes No
Basal Cell Carcinoma (BCC)	Yes No	Genital	Yes No
Squamous Cell Carcinoma (SCC)	Yes No	Shingles/Varicella Zoster	Yes No
Melanoma	Yes No	Other	Yes No
Other skin cancer:	Yes No	Active today	Yes No
Eczema	Yes No	HIV/AIDS	Yes No
Psoriasis	Yes No	Seizures/Epilepsy	Yes No
Other skin condition:	Yes No	Fainting	Yes No
Family History		Artificial Joints	Yes No
Of Skin Cancer	Yes No	If yes, where?	Yes No

If yes, whom and what type?		Premedication required	Yes No
Other skin disease		Asthma	Yes No
		Lupus	Yes No
		Anemia	Yes No
Please list any other diseases or conditions:		Reason for visit today:	
Women Only	Pregnant	Yes No	Breastfeeding
	If yes, due date		Date of last menstruation
Social history	Do you smoke	Yes No	Do you drink alcohol
	Frequency		Frequency
Questionnaire completed by	Patient	Parent/Guardian	Attendant /Assistant
Signature:			
Reviewed by		Date	In Omni