

Personal History of Skin Cancer(s)/Pre-Cancer(s)

- None
- Actinic keratoses
- Atypical Moles/Dysplastic Nevi
- Skin cancer(s)
 - Squamous Cell carcinoma
 - Basal Cell Carcinoma
 - Melanoma (Stage _____)
 - Other _____

Personal History of UV exposure questions

- Do you wear sunscreen Yes No SPF # _____
- Have you had blistering sunburns Yes No
- Have you ever used an indoor tanning booth Yes No
- If yes, do you still use an indoor tanning booth Yes No

Past medical history (check all that apply)

- None
- Arthritis
- Asthma
- Atrial Fibrillation
- Blood clot(s)
- Cancer(s) (type, year of diagnosis)
 - _____
 - _____
- Liver cirrhosis
- Diabetes
- Fatty Liver
- Heart attack
- Hepatitis (A, B or C)
- HIV/AIDS
- High Blood Pressure
- High Cholesterol
- Immune suppression
- Kidney Disease
- Seizures
- Stroke
- Thyroid disease
- Other: _____

Past Surgical History

- None
- | Procedure/Year |
|----------------|
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Allergies

- No Known Drug Allergies

Allergen	Reaction	

- Adhesive sensitivity Yes No
- Injectable anesthesia allergy Yes No
- Latex allergy Yes No

Name: _____

Date: MM / DD /YYYY

Medications

None

Medication Name	Dose	Frequency	Route (oral, inj, etc)

Social History

Tobacco use Yes No

Alcohol use Yes No

Alerts

Planning pregnancy? Yes No N/A

Heart Valve Surgery ever? Yes No

Joint Replacement/Surgery in last 2 years? ... Yes No

Blood thinners? Yes No

Pacemaker and/or Defibrillator? Yes No

MRSA history? Yes No

Family History of Skin Cancer

None

Melanoma Yes No; If yes, who? _____

Squamous cell carcinoma ... Yes No

Basal cell carcinoma Yes No

Yes, there is a family history of skin cancer but the **type of skin cancer is unknown**

Family Health History (other relevant medical conditions you wish to list)

Not applicable

Name: _____

Date: MM / DD / YYYY

Signature: _____

Date: MM / DD / YYYY