



Medical History

Patients Name _____ Age: _____

Occupation _____

Why are you seeing the Doctor today _____

How Long? _____

Past Treatments: _____

Current Treatments: _____

Past Medical History:

Medical Problems: _____

List Current Medications: _____

Allergies: _____

List prior surgeries or hospitalizations and dates: _____

Family History:

	Yes	NO	Family Member
Skin Cancer: melanoma/basal cell/squamous cell			
Abnormal Moles			
Eczema			
Asthma			
Diabetes			
High cholestrol			