El Segundo Dermatology

PATIENT HEALTH QUESTIONNAIRE

All information in this questionnaire is strictly confidential and will become part of your medical record.

Name: _____ DOB: _____

PAST MEDICAL HISTORY

- ❒ Anxiety
- ❒ Arthritis
- ❒ Asthma
- ❒ Atrial fibrillation
- ❒ Bone Marrow Transplantation
- ❒ BPH (Benign Prostatic Hyperplasia)
- ❒ Breast Cancer
- ❒ Colon Cancer
- ❒ COPD (Emphysema)
- ❒ Coronary Artery Disease
- ❒ Depression
- ❒ Diabetes
- ❒ End Stage Renal Disease
- ❒ GERD (Acid reflux)
- ❒ Hearing Loss
- ❒ Hepatitis
- ❒ Hypertension
- ❒ HIV/AIDS
- ❒ Hypercholesterolemia
- ❒ Hyperthyroidism
- ❒ Hypothyroidism
- ❒ Leukemia
- ❒ Lung Cancer
- ❒ Lymphoma
- ❒ Prostate Cancer
- ❒ Radiation Treatment
- ❒ Seizures
- ❒ Stroke
- ❒ Other_____

PAST SURGICAL HISTORY (INCLUDING DATES)

_____

_____

_____

SKIN DISEASE HISTORY

- ❒ Acne
- ❒ Actinic Keratoses
- ❒ Asthma
- ❒ Blistering Sunburns
- ❒ Dry Skin
- ❒ Eczema
- ❒ Flaking or Itchy Scalp
- ❒ Hay Fever/Allergies
- ❒ Poison Ivy
- ❒ Precancerous Moles
- ❒ Psoriasis
- ❒ Other: _____

HISTORY OF SKIN CANCER

Location Year

- ❒ Basal Cell: _____
- ❒ Squamous cell: _____
- ❒ Melanoma: _____
- ❒ Other: _____
- ❒ Unknown

Do you wear Sunscreen? ❒ Yes ❒ No If yes, what SPF? _____

Do you tan in a tanning salon? ❒ Yes ❒ No

Do you have a family history of melanoma? ❒ Yes ❒ No If yes, who? _____

Don't forget to fill out the reverse side

MEDICATIONS (PRESCRIPTION, OVER-THE-COUNTER, AND HERBAL)

Name Dose

ALLERGIES

SOCIAL HISTORY

Cigarette Smoking:

- ❒ Never smoked
- ❒ Quit: former smoker
- ❒ Current every day smoker
- ❒ Current some day smoker

Alcohol Use:

- ❒ None
- ❒ Less than 1 drink a day
- ❒ 1-2 drinks a day
- ❒ 3 or more drinks a day

EMPLOYMENT

Employer: _____ Occupation: _____

REVIEW OF SYSTEMS

Do you have any of the following?

- ❒ Chest pain
- ❒ Shortness of breath
- ❒ Fever or chills
- ❒ Unintentional weight loss
- ❒ Night sweats
- ❒ Joint aches
- ❒ Headache

ALERTS

Do you have any of the following?

- ❒ Pacemaker
- ❒ Defibrillator
- ❒ Artificial joints within past two years
- ❒ Artificial heart valves
- ❒ Premedication prior to procedures
- ❒ Blood thinners
- ❒ Pregnancy or planning a pregnancy
- ❒ Breastfeeding
- ❒ Bleeding disorder
- ❒ Allergy to adhesive
- ❒ Allergy to latex
- ❒ Allergy to topical ointments
- ❒ Allergy to lidocaine
- ❒ Rapid heart beat with epinephrine
- ❒ Problems with scarring/keloids