



# PBC Dermatology

## PATIENT HISTORY AND INTAKE FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Language: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

### Past Medical History: (please circle all that apply)

- |                             |                         |                     |
|-----------------------------|-------------------------|---------------------|
| Anxiety                     | Coronary Artery Disease | Thyroid Problems    |
| Arthritis                   | Depression              | Leukemia            |
| Asthma                      | Diabetes                | Lung Cancer         |
| Atrial fibrillation         | End Stage Renal Disease | Lymphoma            |
| Bone Marrow Transplantation | GERD                    | Prostate Cancer     |
| Breast Cancer               | Hearing Loss            | Radiation Treatment |
| Colon Cancer                | Hepatitis               | Seizures            |
| COPD                        | High Blood pressure     | Stroke              |
|                             | HIV/AIDS                |                     |
|                             | High Cholesterol        | NONE                |

Other: \_\_\_\_\_

### Past Surgical History: (please circle all that apply)

- |  |   |
|--|---|
| Appendix Removed                                 | Joint Replacement within last 2 years           |
| Bladder Removed                                  | Kidney Biopsy (Nephrectomy)                     |
| Mastectomy (Right, Left, Bilateral)              | Kidney Removed (Right, Left)                    |
| Lumpectomy (Right, Left, Bilateral)              | Kidney Stone Removal                            |
| Breast Biopsy (Right, Left, Bilateral)           | Kidney Transplant                               |
| Breast Reduction                                 | Ovaries Removed: Endometriosis                  |
| Breast Implants                                  | Ovaries Removed: Cyst                           |
| Colectomy: Colon Cancer Resection                | Ovaries Removed: Ovarian Cancer                 |
| Colectomy: Diverticulitis                        | Prostate Removed: Prostate Cancer               |
| Colectomy: IBD                                   | Prostate Biopsy                                 |
| Gallbladder Removed                              | TURP (Prostate Removal)                         |
| Coronary Artery Bypass                           | Spleen Removed                                  |
| Mechanical Valve Replacement                     | Testicles Removed (Right, Left, Bilateral)      |
| Biological Valve Replacement                     | Hysterectomy: Fibroids                          |
| Heart Transplant                                 | Hysterectomy: Uterine Cancer                    |
| Joint Replacement, Knee (Right, Left, Bilateral) | Joint Replacement, Hip (Right, Left, Bilateral) |
| Year: _____                                      | Year: _____                                     |
|  | NONE  |

Other: \_\_\_\_\_

## Skin Disease History: (please circle all that apply)

Acne  
Actinic Keratoses  
Asthma  
Basal Cell Skin Cancer  
Blistering Sunburns

Dry Skin  
Eczema  
Flaking or Itchy Scalp  
Hay Fever/Allergies  
Melanoma  
Year: \_\_\_\_\_

Poison Ivy  
Precancerous Moles  
Psoriasis  
Squamous Cell Skin Cancer

Other: \_\_\_\_\_

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, which relative(s)? \_\_\_\_\_

Last Flu Vaccine: date \_\_\_\_\_  Refused Last Pneumonia Vaccine: date \_\_\_\_\_  Refused

## Medications including vitamins: (enter all current with dosage and frequency)

## Allergies: (please enter all allergies)

## Social History: (please circle all that apply)

### Cigarette Smoking:

Currently Smokes  
Has smoked in the past  
Never smoked  
Former Smoker

### Alcohol Use:

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

## Family History: (only first degree relatives)