Marsh Dermatology

MEDICAL HISTORY

Patient's Name: _____
First Middle Last

What skin issue are you here for today? _____

Are you ALLERGIC to LATEX? NO / YES → If yes, explain reaction: _____

Are you ALLERGIC to any medicines? NO / YES → If yes, please list below:

MEDICATION	ALLERGIC REACTION
_____	_____
_____	_____
_____	_____
_____	_____

MEDICATIONS and SUPPLEMENTS/HERBALS you are currently taking: NONE

1_____ 5_____

2_____ 6_____

3_____ 7_____

4_____ 8_____

Do you have any ACTIVE MEDICAL PROBLEMS? (Unrelated to skin) NO / YES → If yes, please list them:

_____

_____

_____

Do you CURRENTLY have any Fevers, Chills or Sweats? NO / YES

Do you CURRENTLY smoke? NO / YES Do you consume ANY alcohol? NO / YES

In the past 12 months have you traveled outside the country? NO / YES → If yes, where? _____

History of SKIN PROBLEMS: NONE / YES →

List: _____

Have you ever had a SKIN CANCER? NO / YES → If yes, circle type(s) from choices below:

PRE-CANCERS (Actinic Keratosis) / BASAL CELL CARCINOMA / SQUAMOUS CELL CARCINOMA / MELANOMA

Is there a FAMILY HISTORY of MELANOMA? NO / YES → Who? _____

Is there a FAMILY HISTORY of other SKIN CANCER other than melanoma? NO / YES

CURRENT OCCUPATION (*e.g. student, homemaker*): _____