

The Art and Science of Dermatology

HISTORY FORM

Date of Visit: _____ **Allergies:** _____

Name: _____

Age: _____ DOB: _____ Sex: _____

Race: _____

For nurse only:

Sent at request of: _____

Estab Pt _____ New Pt _____

PCP _____

Pregnant? No Yes / # weeks _____ Trying to get pregnant? No Yes Breastfeeding? No Yes # mos. pp _____

#1 Most Important reason for visit today: _____

Body site(s) involved: _____

How long has this been a problem? _____

Any & all treatments? Past: _____

Present: _____

Treatment(s) that helped: _____

Other Symptoms (itching, pain, burning, other): _____

MEDICATIONS: LIST ALL meds taken on a regular AND as-needed basis. Include prescription meds, over-the-counter meds, vitamins, herbals, supplements, and Rx & OTC topical meds (creams, ointments, solutions, etc.)

Personal Dermatology History:

Which of the following best describes your skin type without sunscreen?

- Very fair, always burns, never tans Medium, sometimes burns, always tans Brown, never burns, always tans
 Fair, always burns, sometimes tans Olive/light brown, rarely burns, always tans Dark brown or black, never burns, always tans

Y N Wear sunscreen daily on face/neck? Y N elsewhere? _____ Y N when out in sun for longer time

Y N Skin Cancer (type(s): _____ > Location on body: _____

Y N Dysplastic/Abnormal Moles (biopsy-proven)

Y N Psoriasis

Y N Tanning bed use: # _____

Y N Eczema

Y N Bad Sunburns: lifetime # _____

Y N Acne

Y N Blistering sunburns # _____

Y N Keloids (abnormal scars)

Y N Rash from Sun _____

Y N Cold Sores/Fever Blisters/ Herpes

Y N Sensitive, easily irritated skin. Y N Face only Y N All over

Y N Trouble tolerating sun screen Y N Face only Y N All over Reaction: Y N Acne Y N itchy &/or burning rash

Y N Rash in response to other on skin _____

Y N Bleed easily? Due to _____

Y N Problems with healing? Due to _____

Y N Other skin diseases/problems _____

Family Dermatology History:

Y N Skin Cancer who and type _____

Y N Eczema who _____

Y N Dysplastic/Abnormal Moles (biopsy-proven) who _____

Y N Other _____

Y N Psoriasis who _____

