



Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*We are honored that you have chosen Davie Dermatology for your dermatologic care. Please take a few minutes to tell us a little more about yourself.*

**1. Have you ever been diagnosed with any of the following (check any that apply):**

- Heart disease                       HIV or AIDS
- Cancer (other than skin)        Kidney disease (or on dialysis)
- Diabetes                                Blood disorders/bleeding problems
- Thyroid disease                    High blood pressure
- Hepatitis                               Anemia
- Arthritis/joint pains            Keloid scars

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

**2. What medications are you currently taking?**

_____	_____
_____	_____
_____	_____

**3. Have you ever been diagnosed with skin cancer?  Yes  No**

**If yes, what type?**  Squamous cell carcinoma    Basal cell carcinoma    melanoma    other

**What year was the most recent diagnosis?** \_\_\_\_\_

**4. Are you allergic to any medications?  Yes  No**

**If yes, which medications?** \_\_\_\_\_

**5. Do you have a cardiac pacemaker or defibrillator?  Yes  No**

**6. Do you ever need to take antibiotics before having your teeth cleaned or having surgery (due to heart valve disease/replacement, joint replacement, etc.)?  Yes  No**

**7. Has anyone in your immediate family been diagnosed with (check all that apply):**

Non-melanoma skin cancer (basal cell or squamous cell carcinoma)  
If yes, which relative (mother, father, etc.)? \_\_\_\_\_

Melanoma  
If yes, which relative (mother, father, etc.)? \_\_\_\_\_

Psoriasis

Eczema

**8. Have you experienced any of the following in the last month: (check all that apply):**

- Shortness of breath/wheezing     muscle aches/joint pains        headaches
- fever/chills                           fatigue                                nausea/vomiting/diarrhea

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