Dermatology Associates of McLean

PATIENT INFORMATION:

Name:_____ DOB (mm/dd/yy):_____ /_____ /_____

Email:_____ Pharmacy Name & Phone:_____ /_____

PAST SKIN HISTORY: (please circle all that apply)

History of non-melanoma skin cancer? Yes No If yes, type(s) and location(s)_____

History of melanoma? Yes No If yes, location and year _____

Family history of melanoma? Yes No If yes, relationship? _____

LIST OF MEDICATIONS / SUPPLEMENTS: (please list dosage and frequency)

Medication(s) / Supplement(s):	Dosage:	Frequency:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

USE OF NARCOTICS: (please circle all that apply)

Yes No If "Yes", do you require a stool softener?: Yes No

ALLERGIES:

Medication Allergies: (please list)

1._____ 3._____

2._____ 4._____

Latex: Yes No

Have you ever had Poison Ivy: Yes No

SOCIAL HISTORY:

Do you use tobacco: Yes No Former smoker

If "Yes": Current every day smoker Current some day smoker

Do you consume Alcohol?: Yes No

If "Yes": Less than 1 drink per day 1-2 drinks per day 3 or more drinks per day

* How many times in the past year have you had 5 or more drinks in a day for men, or 4 or more drinks in a day for women or any adults older than 65? (please circle) 0 1 2 3 4 5+

VACCINATION HISTORY:

Flu Vaccination (this year): Yes No

Pneumococcal (Pneumonia) Vaccination: Yes No

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PLEASE CHECK IF "YES":

- ☐ Allergy to adhesive
- ☐ Allergy to lidocane
- ☐ Allergy to topical antibiotic/ointments
- ☐ Artificial heart valve
- ☐ Artificial joints in the past two years
- ☐ Blood Thinners
- ☐ MRSA
- ☐ Defibrillator
- ☐ Pacemaker
- ☐ Premedication prior to procedures
- ☐ Rapid heart beat with epinephrine
- ☐ Pregnancy or planning a pregnancy
- ☐ West Africa: Travel or Contact
- ☐ Travel to Ebola risk country

PAST MEDICAL HISTORY (Select any of the following medical conditions that you currently have):

- ☐ None
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Atrial Fibrillation (Irregular Heartbeat)
- ☐ Bone Marrow Transplant
- ☐ BPH
- ☐ Breast Cancer
- ☐ Colon Cancer
- ☐ COPD
- ☐ Coronary Artery Disease
- ☐ Depression
- ☐ Diabetes (Last Hemoglobin A1C_____)
- ☐ End Stage Renal Disease
- ☐ GERD
- ☐ Hearing Loss
- ☐ Hepatitis
- ☐ Hypertension
- ☐ HIV / AIDS
- ☐ Hypercholesterolemia
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Leukemia
- ☐ Lung Cancer
- ☐ Lymphoma
- ☐ Prostate Cancer
- ☐ Radiation Treatment
- ☐ Seizures
- ☐ Stroke
- ☐ Other:_____

PAST SURGERIES:

- ☐ None
- ☐ Appendix (Appendectomy
- ☐ Bladder (Cystectomy)
- ☐ Breast : Breast Biopsy
- ☐ Breast : Lumpectomy R L
- ☐ Breast : Mastectomy R L
- ☐ Colon (Colectomy) : Colon Cancer Resection
- ☐ Colon (Colectomy) : Inflammatory Bowel Disease
- ☐ Colon : Colostomy
- ☐ Gallbladder : (Cholecystectomy)
- ☐ Heart : Biological Value Replacement
- ☐ Heart : Coronary Artery Bypass Surgery
- ☐ Heart : Heart Transplant
- ☐ Heart : Mechanical Value Replacement
- ☐ Heart : PTCA
- ☐ Joint Replacement : Hip L R
- ☐ Joint Replacement : Knee L R
- ☐ Kidney : Kidney Biopsy
- ☐ Kidney : Kidney Stone Removal
- ☐ Kidney : Kidney Transplant
- ☐ Kidney : Nephrectomy
- ☐ Liver : Hepatectomy
- ☐ Liver : Liver Transplant
- ☐ Liver : Shunt
- ☐ Ovaries (Oophorectomy) : Endometriosis
- ☐ Ovaries (Oophorectomy) : Ovarian Cancer
- ☐ Ovaries (Oophorectomy) : Ovarian Cyst
- ☐ Ovaries (Oophorectomy) : Tubal Ligation
- ☐ Pancreas : Pancreatectomy
- ☐ Prostate (Prostatectomy) : Prostate Biopsy
- ☐ Prostate (Prostatectomy) : Prostate Cancer
- ☐ Prostate (Prostatectomy) : TURP
- ☐ Rectum : APR
- ☐ Rectum : Low Anterior Resection
- ☐ Skin : Basal Cell Carcinoma
- ☐ Skin : Melanoma
- ☐ Skin : Skin Biopsy
- ☐ Skin : Squamous Cell Carcinoma
- ☐ Spleen (Splenectomy)
- ☐ Testicles (Orchiectomy)
- ☐ Uterus (Hysterectomy) : Fibroids
- ☐ Uterus (Hysterectomy) : Uterine Cancer
- ☐ Uterus (Hysterectomy) : Cervical Cancer
- ☐ Other:_____