



# Health Questionnaire

Name \_\_\_\_\_

1) What skin problem do you wish the doctor to examine? \_\_\_\_\_

2) Have you ever had an allergic reaction such as hives, a rash, or fainting from medication?

yes     no

What medications caused the above reactions?

\_\_\_\_\_

3) What medications are you currently taking? List all prescribed medicines as well as vitamins, aspirin, birth control pills, etc.

\_\_\_\_\_

\_\_\_\_\_

Are you taking any:     Blood thinners     Advil     Aspirin

4) Please indicate if you have had any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Heart attack         | <input type="checkbox"/> Stomach ulcers | <input type="checkbox"/> Melanoma          |
| <input type="checkbox"/> Irregular heart beat | <input type="checkbox"/> Glaucoma       | <input type="checkbox"/> Skin cancers      |
| <input type="checkbox"/> High blood pressure  | <input type="checkbox"/> Tuberculosis   | <input type="checkbox"/> Hives             |
| <input type="checkbox"/> Rheumatic fever      | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Asthma            |
| <input type="checkbox"/> Heart valve disease  | <input type="checkbox"/> Syphilis       | <input type="checkbox"/> Kidney disease    |
| <input type="checkbox"/> Pacemaker            | <input type="checkbox"/> Hepatitis      | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Seizure / Epilepsy   |   |  |

5) Do you have a family history of any of the following:

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Skin cancer    | <input type="checkbox"/> Melanoma | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Numerous moles | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer        |

6) Do you regularly     Sunbathe or use tanning parlors?

Smoke?

Drink alcoholic beverages?

7) Do you form large scars (keloids) when injured?     yes     no

Signature \_\_\_\_\_ Date \_\_\_\_\_