

Name: _____

DOB: _____

Date: _____

DERMATOLOGY PATIENT HISTORY FORM

History of Present Illness _____

Referred By: _____ Primary Care Physician: _____ Preferred Pharmacy: _____

Reason for Visit: _____ How long have you had this issue? _____

On what area of your body? _____

Check the appropriate symptoms: _____

- Y Itching
- Y Painful
- Y Bleeding
- Y Burning
- Y Growing
- Y Comes and Goes
- Y Darkening

List the Medications you have used to treat this skin problem _____

What skin care products do you use? _____

Social History _____

Tobacco use: Y N Do you use sun protection: (clothing, hats, sunscreen) Y N

Do you drink alcohol? Y N Y # ___ drinks per day Use of tanning lights Y N

Do you have a history of blistering sunburns Y N How often do you use a tanning bed or lights? Y N

Extensive Sun Exposure Y N

Exposure to radiation (other than x-rays) Y N

Occupation: _____ Where did you grow up _____

Any changes in your health since your last visit? Yes No

If so, Check any changes.

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Skin/Nails

- Y N New or changing moles
- Y N Localized skin discoloration
- Y N Acne
- Y N Skin: a rash
- Y N Superficial skin pain burning
- Y N Urticaria/Hives
- Y N Allergic reaction
- Y N Telangectasias
- Y N Skin lesions
- Y N Skin lesion: bleeds
- Y N Skin lesion: Sore
- Y N Itching (pruritus)
- Y N Skin Swelling
- Y N Dry Skin
- Y N Skin/nail infection
- Y N Symptoms of Nail/Skin Thickening.

Gynecological

- Y N Menses abnormal
- Y N Menarche
- Y N Planning Pregnancy
- Y N **Pregnancy**
- Y N Patient is breastfeeding.
- Y N Patient is NOT breastfeeding.
- Y N History of miscarriages
- Y N **Menopause has occurred**

Genitourinary

- Y N Blood in urine
- Y N Pain during urination
- Y N Urinary frequency
- Y N Penile discharge
- Y N Vaginal discharge
- Y N Genital lesion

Constitutional

- Y N Feeling fine
- Y N Recent weight loss (___ lbs)
- Y N Recent weight gain (___ lbs)
- Y N Fever
- Y N Feeling tired

Endocrine

- Y N Intolerance to heat
- Y N Intolerance to cold
- Y N Excessive thirst / fluid intake
- Y N Deepening of voice
- Y N Changed sexual interest (libido)
- Y N Loss of hair from head or body
- Y N Excessive facial/body hair

Respiratory

- Y N Shortness of breath
- Y N Wheezing
- Y N Cough

Psychiatric

- Y N Depression
- Y N Anxiety

Hematologic/ Lymphatic

- Y N **clotting problems**
- Y N Easy bleeding
- Y N Swollen lymph nodes
- Y N Limb swelling

Eyes

- Y N loss of part of field of vision
- Y N White / light spots in field of vision
- Y N eyelid skin lesion
- Y N Eye sores
- Y N Eye irritation

Ears, Nose, Throat

- Y N Skin lesion on the ears
- Y N Skin lesion on the nose
- Y N Skin lesion on the lip
- Y N Lesions in the mouth
- Y N Lesions on the tongue
- Y N Stiffness

Musculoskeletal

- Y N Joint pain, localized
- Y N Joint swelling, localized
- Y N Muscle aches
- Y N Muscle weakness

Neurologic

- Y N Tingling
- Y N Headache
- Y N Numbness

Gastrointestinal

- Y N Abdominal pain
- Y N Diarrhea
- Y N Nausea
- Y N Vomiting
- Y N constipation

Cardiac

- Y N Chest pain
- Y N Palpitations

Immunosuppression

- Y N Immunosuppression drugs, Leukemia, Hiv or Other