



Name (Please print): _____ DOB: _____

Past Medical History (Please circle all that apply):

- | | |
|-------------------------------------------|-----------------------------------------|
| Arthritis | HIV/AIDS |
| Asthma | Hypercholesterolemia (high cholesterol) |
| Atrial Fibrillation (Irregular Heartbeat) | Hyperthyroidism |
| Breast Cancer | Hypothyroidism (Levothyroxine?) |
| Colon Cancer | Leukemia |
| COPD | Lung Cancer |
| Coronary Artery Disease (Heart) | Lymphoma |
| Depression | Prostate Cancer |
| Diabetes | Seizures |
| End Stage Renal Disease | Stroke |
| Hepatitis | NONE |
| Hypertension (High blood pressure) | |

Past Surgical History (Please circle all that apply):

- | | |
|---------------------------------------|---------------------------------------------|
| Appendix Removed | Joint Replacement, Knee (Right, Left, Both) |
| Breast Mastectomy (Right, Left, Both) | Joint Replacement, Hip (Right, Left, Both) |
| Breast Lumpectomy (Right, Left, Both) | Kidney Removed (Nephrectomy) |
| Colectomy: Colon Cancer Resection | Kidney Transplant |
| Colectomy: Diverticulitis | Prostate Removed: Prostate Cancer |
| Colectomy: Inflammatory Bowel Disease | Skin: Basal Cell Cancer Surgery |
| Gallbladder Removed | Skin: Squamous Cell Cancer Surgery |
| Coronary Artery Bypass (CABG) | Skin: Melanoma Surgery |
| Mechanical Valve Replacement | NONE |
| Biological Valve Replacement | |
| Heart Transplant | |

Skin Disease History (Please circle all that apply):

- | | |
|-------------------------------|---------------------------|
| Actinic Keratoses (Precancer) | Precancerous Moles |
| Basal Cell Skin Cancer | Squamous Cell Skin Cancer |
| Melanoma | NONE |

Do you have a family history of Melanoma? Yes No

If yes, which relative(s)?: _____

******PLEASE COMPLETE BOTH SIDES******



Medications (Please list all current prescription and non-prescription medications):

Allergies (Please enter all allergies):

Social History (Please circle which one applies):

Cigarette Smoking:

- Current every day smoker
- Smokes less than daily
- Former smoker (quit)
- Never smoked

Review of Systems/Alerts: Do any of the following apply to you? (please circle all that apply)

- On blood thinners
- Allergic to adhesive
- Allergic to lidocaine
- Rapid heart beat with epinephrine
- Artificial heart valve
- Artificial joints within past 2 years
- Require antibiotics prior to procedure
- Pacemaker
- Defibrillator
- History of Hepatitis C
- For Females: Pregnant / Planning a pregnancy

******PLEASE COMPLETE BOTH SIDES******