

ARLINGTON CENTER FOR DERMATOLOGY MEDICAL HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential
and will become part of your medical record.

Today's Date:

Name (Last, First, M.I.):

Male Female

Date of Birth:

Address

City

Zip

Primary Phone Number:

Email:

Social Security Number: _____ - _____ - _____

This number will be used to uniquely identify you for any lab results, pharmacy verification or hospital admittance. This number is mandatory for hospital treatment and insurance filing.

What is your Occupation?

Employer Name:

What is your primary complaint(s) today?

How did you hear about our office (Referral from my Doctor, Yellow pages, Internet, from my insurance company, advertisement, friend or relative, other)?

Ethnicity: Asian Black/African American Hispanic Caucasian Other :

Previous or referring doctor:

Date of last physical exam:

Pharmacy You Regularly USE (Name & Location):

Allergies to medications Yes No **If yes, please list:**

Name of the Drug

Reaction You Had

List all prescribed drugs and over-the-counter medications you are currently taking, including aspirin, blood thinners, vitamins, etc.

Name of the Drug

Strength

Frequency Taken

PERSONAL HEALTH HISTORY

Check if you have, or have had, any of the following conditions. Briefly explain.

Bronchitis

Stomach

Chest Pain

Emphysema

Bowel

Heart Murmur

Asthma

Hepatitis

Glaucoma

Allergies

Arthritis or joint pain

Bleed Easily

Chronic Cough

Seizures

Do you use Antibiotic Prophylaxis for:

Diabetes

Convulsions, Epilepsy

Dentistry

Yes

No

Thyroid

Fainting

Mitral Valve Prolapse

Yes

No

Kidney

High Blood Pressure

Artificial Valves or Stints

Yes

No

Bladder

Irregular Heartbeat

Do you have artificial joints

Yes

No

PLEASE TURN OVER AND COMPLETE BACK PAGE – THANK YOU

PERSONAL HEALTH HISTORY CONTINUED

List any medical problems that other doctors have diagnosed

Surgeries

Year	Reason	Hospital

Other Hospitalizations

Year	Reason	Hospital

SKIN CANCERS

When you are exposed to the sun, do you...	<input type="checkbox"/> Tan Only	<input type="checkbox"/> Tan & Burn	<input type="checkbox"/> Burn
Do you use tanning beds?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any history of tanning beds?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had skin cancer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what type:			
Has anyone in your family had skin cancer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what relation:			
Have you had any pancreatic cancers or other internal cancers?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what type:			
Has anyone in your family had pancreatic cancer other internal cancers?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what type and relation:			
Have you had any internal organ transplants or taken any Immunosuppressive drugs?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what type and when:			

WOMEN ONLY

Are you pregnant or breastfeeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of last menstruation:		
Are you trying to conceive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you experienced menopause?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, date menopause started:		

MEDICARE ONLY

Are you Disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly Explain:		

FULL BODY EXAMINATION

It is the policy of Arlington Center for Dermatology for medical providers to so a full body examination on all new patients. This ensures that no skin conditions go undetected and that you receive maximum benefit from your initial visit. If there is any part of your body you would **NOT** like examined, please indicate:

Check here if you would like to use one of our clinic's examination gowns

If you choose not to use a gown, please be prepared to disrobe quickly. If you need extra time to disrobe, please alert the Medical Assistant.