

Houston Dermatology Associates, P.A.
Medical History Form

Patient Name: _____

D.O.B.: _____

Age: _____

Past Medical History:

Please indicate if you have had or have at present any of the problems below:

- Skin Cancer Y N
- Psoriasis Y N
- Eczema Y N
- Asthma Y N
- Sinus Problems Y N
- Hayfever Y N
- Keloids, thick scars Y N
- Precancerous lesions Y N
- Lupus Y N
- Cold Sores, herpes Y N
- Diabetes Y N
- Liver Disease Y N
- Heart Disease Y N
- Kidney Disease Y N
- Thyroid Disease Y N
- Organ Transplant Y N
- HIV or AIDS Y N
- Blood Clots or Bleeding Disorder Y N
- Crohn's Disease or Ulcerative Colitis Y N
- Arthritis Y N
- Epilepsy or seizures Y N
- High Blood Pressure Y N
- Defects/replaced heart valve Y N
- Artificial Joints Y N
- Pacemaker or Defibrillator Y N
- Tuberculosis Y N
- Osteoporosis Y N
- Anxiety Y N

- Depression Y N
- Cancer other than skin (type?) Y N
- Allergy to latex, tape, topical antibiotics, lidocane or epinephrine (please circle which item if Y) Y N

FEMALES ONLY:

- Are you pregnant or Planning pregnancy Y N
- Breastfeeding Y N
- Tubal Ligation Y N
- Hysterectomy Y N
- Post-Menopausal Y N
- Irregular menstrual cycle Y N

Other Medical Problems/Surgeries:

Medications: (please list all prescribed, over the counter and herbal meds)

Do you require oral antibiotics before dental work or minor procedures? Y N

Drug Allergies: (include antibiotics, pain relievers and anesthetics)

Social History:

Tobacco Use Y N Start: ____ End: ____
 Drink Alcohol Y N # per week ____ or rarely
 Recreational Drugs Y N
 Tanning Bed Y N
 Flu Vaccine Y N
 Date Received: ____/____/____
 Pneumonia Vaccine Y N
 Date Received: ____/____/____

Occupation: _____

Hobbies: _____

Recent Travel: _____

Family History:

Melanoma Y N Other Skin Cancer Y N
 Psoriasis Y N Hayfever Y N
 Precancerous Moles Y N Eczema Y N
 Allergies and Asthma Y N
 Autoimmune diseases (including thyroid) Y N

Are you interested in learning about cosmetic products and procedures we offer? Y N

Signature: _____

Date: _____