

DOWNTOWN DERMATOLOGY

MEDICAL HISTORY

Name: _____ Date of Birth ____/____/____ Today's Date ____/____/____

MEDICATIONS (Include OTC's & Aspirin) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____	ALLERGIES 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	SOCIAL HISTORY Alcohol? ☐ Yes ☐ No _____ Drinks/Day Smoke? ☐ Yes ☐ No _____ Packs/Day FEMALES Are you pregnant? ☐ Yes ☐ No Due Date ____/____/____
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SKIN HISTORY Have you ever had skin cancer? ☐ Yes ☐ No Type _____ Has anyone in your family had skin cancer? ☐ Yes ☐ No Type _____ Do you have problems with healing and/or scarring? ☐ Yes ☐ No Do you bleed easily? ☐ Yes ☐ No Do you have sensitivity with local anethesia? ☐ Yes ☐ No Do you have history of acne, psoriasis, eczema, warts, granuloma annulare or other skin conditions? ☐ Yes ☐ No Do you have lesions in the groin that are new, brown, growing, bleeding or painful? ☐ Yes ☐ No

Do you have now, or have you ever had diseases or conditions of:			
High Triglycerides/High Cholesterol ☐ Yes ☐ No Stroke/T.I.A. ☐ Yes ☐ No High Blood Pressure ☐ Yes ☐ No Heart Attack ☐ Yes ☐ No Heart Murmur ☐ Yes ☐ No Irregular Heart Beat ☐ Yes ☐ No Blood Clots ☐ Yes ☐ No Pacemaker or Defibrillator ☐ Yes ☐ No Emphysema/Chronic Bronchitis ☐ Yes ☐ No Asthma ☐ Yes ☐ No HIV ☐ Yes ☐ No Hepatitis (If yes; What type and has it been treated?) ☐ Yes ☐ No List any other Diseases or Conditions: _____ List any Surgical Procedures: _____	Cancer (If Yes, What type?) ☐ Yes ☐ No Recent Significant Change in Energy ☐ Yes ☐ No Recent Unintentional Weight Loss ☐ Yes ☐ No Diabetes ☐ Yes ☐ No Thyroid Disease ☐ Yes ☐ No Kidney Disease ☐ Yes ☐ No Bladder/Urinary/Prostate Disease ☐ Yes ☐ No Gastrointestinal Disease ☐ Yes ☐ No Yeast Infection with Antibiotics ☐ Yes ☐ No Arthritis or Joint Pain ☐ Yes ☐ No Convulsions, Epilepsy or Seizures ☐ Yes ☐ No Artificial Joints, Pins, Rods, etc ☐ Yes ☐ No (If Yes, List) _____		

Reason for today's visit: _____

What is your occupation? _____ Hobbies: _____

What name do you like to go by? _____ How did you hear about us? _____

Patient Signature GP2, 1/27/26	Reviewed By: Ronald C. Knipe, M.D. Samantha A. Marrone, M.D.	Amy Wells, A.P.R.N. Jennifer Blattner, A.P.R.N. Alison McIntyre, P.A.-C.
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