

Patient Name _____ Date of Birth _____ Today's Date _____

Thank you in advance for answering the following questions:

1. Are you allergic to any medications? If so, which ones?

2. What medications are you currently taking? Please include any over the counter and herbal preparations.

3. Do you have a personal history of skin cancer? If so, do you know what type of skin cancer, and what location on your body?

4. Do you have a history of problems with bleeding, healing or keloid scars?

5. Do you wear sunscreen daily?

6. Do you have a history of tanning bed use, sun-tanning habit, or have an occupation or recreational activity that involves a lot of sun exposure?

7. Do you have a family history of skin cancer? If so, do you know what type of skin cancer?

8. Do you know if you have an allergy to latex or to bandage adhesives?

9. Is there any other information about your medical history or other skin issues you would like for me to know?

10. How did you hear about our office?