

**Past Medical History:** (please circle all that apply)

Anxiety	Coronary Artery Disease	Hypothyroidism
Arthritis	Depression	Leukemia
Artificial joints	Diabetes	Lung Cancer
Asthma	End Stage Renal Disease	Lymphoma
Atrial fibrillation	GERD	Pacemaker
BPH	Hearing Loss	Prostate Cancer
Bone Marrow	Hepatitis	Radiation Treatment
Transplantation	Hypertension	Seizures
Breast Cancer	HIV/AIDS	Stroke
Colon Cancer	Hypercholesterolemia	Valve Replacement
COPD	Hyperthyroidism	None
Other _____		

**Past Surgical History:** (please circle all that apply)

Appendix Removed	Kidney Biopsy
Bladder Removed	Kidney Removed (Right, Left)
Mastectomy (Right, Left, Bilateral)	Kidney Stone Removal
Lumpectomy (Right, Left, Bilateral)	Kidney Transplant
Breast Biopsy (Right, Left, Bilateral)	Ovaries Removed
Breast Reduction	Prostate Removed: Prostate Cancer
Breast Implants	Prostate Biopsy
Colectomy: Colon Cancer Resection	TURP
Colectomy: Diverticulitis or IBD	Skin Biopsy
Gallbladder Removed	Basal Cell Cancer Surgery
Coronary Artery Bypass	Squamous Cell Carcinoma Surgery
PTCA	Melanoma Surgery
Mechanical Valve Replacement	Spleen Removed
Biological Valve Replacement	Testicles Removed (Right, Left, Bilateral)
Heart Transplant	Hysterectomy
Joint Replacement	None
Other _____	

**Skin Disease History:** (please circle all that apply)

Acne	Dry Skin	Poison Ivy
Actinic Keratoses	Eczema	Precancerous Moles
Asthma	Flaking or Itchy Scalp	Psoriasis
Basal Cell Skin Cancer	Hay Fever/Allergies	Squamous Cell Skin Cancer
Blistering Sunburns	Melanoma	None
Other _____		

Do you wear Sunscreen?    Yes    No  
 If yes, what SPF? \_\_\_\_\_  
 Do you tan in a tanning salon?    Yes    No

Do you have a family history of Melanoma?    Yes    No  
 If yes, which relative(s)? \_\_\_\_\_

**Medications:** (Please enter all current medications)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Allergies:** (Please enter all allergies)

\_\_\_\_\_

**Social History:** (Please circle all that apply)

Currently Smokes - daily	Has never smoked
Currently Smokes - not daily	Drug Use
Has smoked in the past	None
Other _____	