

Houston Dermatology Associates, P.A.
Medical History Form

Patient Name: _____ D.O.B.: _____ Height: _____ Weight: _____

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, lidocaine 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)

Pharmacy: (Name, number and address)

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: ____/____/____

COVID 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: _____