



# HEALTH QUESTIONNAIRE

WHY ARE YOU HERE TODAY? \_\_\_\_\_

ARE YOU IN NEED OF A FULL BODY SKIN EXAM? \_\_\_\_\_

LIST ALL CURRENT MEDICATIONS (INCLUDING NON-PRESCRIPTION, VITAMINS, AND ASPIRIN)

NAME OF DRUG / DOSAGE / FREQUENCY

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LIST ALL MEDICATION ALLERGIES: \_\_\_\_\_ CHECK IF NONE: \_\_\_\_\_

LIST MAJOR SURGERIES / ILLNESSES:

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PERSONAL MEDICAL HISTORY: (CHECK ALL THAT APPLY)

PACEMAKER                       ASTHMA                       GOUT/ARTHRITIS                       HEPATITIS  
 HIGH BLOOD PRESSURE                       CANCER (NOT SKIN)                       THYROID PROBLEMS                       DEPRESSION  
 HEART MURMUR                       ANEMIA                       DIABETES                       HIV / AIDS  
 ARTIFICIAL HEART VALVE                       ARTIFICIAL JOINT                       OTHER (SPECIFY) \_\_\_\_\_

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HABITS: ALCOHOL (AMOUNT PER WEEK) \_\_\_\_\_ TOBACCO (AMOUNT PER DAY) \_\_\_\_\_

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PAST PERSONAL SKIN PROBLEMS: (CHECK ALL THAT APPLY)

ABNORMAL MOLES                       THICK SCARS OR KELOID                       PSORIASIS                       SKIN CANCER  
 MELANOMA                       ECZEMA OR DERMATITIS                       ACNE                       OTHER \_\_\_\_\_

HAVE YOU EVER USED OR DO YOU USE TANNING BEDS? YES OR NO      HAVE YOU EVER HAD A SEVERE SUN BURN? YES OR NO

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FAMILY HISTORY OF SKIN PROBLEMS: (CHECK ALL THAT APPLY)

ABNORMAL MOLES                       KELOID SCARS                       PSORIASIS                       CANCER (NOT SKIN)  
 MELANOMA                       ECZEMA OR DERMATITIS                       SKIN CANCER                       OTHER \_\_\_\_\_

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WOMEN ONLY: ARE YOU PREGNANT? \_\_\_\_\_ TRYING TO BECOME PREGNANT? \_\_\_\_\_ BREAST FEEDING? \_\_\_\_\_

IS YOUR MENSTRUAL CYCLE REGULAR? \_\_\_\_\_ BIRTH CONTROL METHOD? \_\_\_\_\_

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SIGNATURE OF PATIENT \_\_\_\_\_ DATE \_\_\_\_\_

MEDICAL HX UPDATE:

DATE / INITIALS                      DATE / INITIALS                      DATE / INITIALS                      DATE / INITIALS                      DATE / INITIALS

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