

Medical History Form

Family Dermatology

5603 Duraleigh Rd, Suite 111,
Raleigh, NC 27612

860 Perry Road,
Apex, NC 27502

919-791-0840

Chart # (the office will write this in): _____

Name: _____ Gender: _____ Age: _____

Patient race: _____ Ethnicity: _____

Preferred language: _____

How did you hear about us (who referred you?): _____

Please list your primary care physician: _____

Please list any other providers you would like your office notes sent to: _____

Please provide your e-mail for appointment reminders:

Reason(s) for today's visit:

1. _____

2. _____

Have you had an atypical (dysplastic) mole biopsied?

Have you had a basal or squamous cell carcinoma?

Have you had a melanoma? _____

Has your father, mother, brother, sister, son or daughter had a melanoma?

Do you have a history of any other cancer? _____

Do you smoke or use other tobacco? Current smoker Former Never

Do you now or have you ever had (please check what applies):

Artificial heart valve

Diabetes

Lupus

Artificial joint (knee, etc.)

Hypertension

Arthritis

Pacemaker

Hepatitis B

Thyroid disease

Defibrillator

Hepatitis C

HIV or AIDS

Radiation treatment (if so list body parts): _____

Any other disease or condition we should know about?

Please provide a phone number where we can reach you during the day:

May we speak with your family members regarding your problems and test results?

Do you have any cosmetic concerns? _____

Would you like to receive emails about our cosmetic specials? Yes No

Medicare Patients

Women

Name and # of health care proxy if you have one: _____

Are you pregnant? _____

Do you have a living will? _____

Breastfeeding? _____

Which best reflects your wishes: Do not resuscitate Do not intubate Do it all!

Planning pregnancy? _____

Have you received the pneumonia vaccine (Pneumovax)? _____

Please sign below acknowledging you have reviewed our privacy and financial policies (copies are located at the check in desk).

Signature

Date

Pharmacy Information

Name of pharmacy: _____

Street it is on: _____

City it is in: _____