

# 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? \_\_\_\_\_

Women: Are you pregnant? \_\_\_\_\_

Breastfeeding? \_\_\_\_\_

Planning pregnancy? \_\_\_\_\_

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? \_\_\_\_\_

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: \_\_\_\_\_