

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: _____