SKIN CARE AND LASER
PHYSICIANS OF BEVERLY HILLS
GENERAL AND COSMETIC DERMATOLOGY

Medical History

Name (last, first)_____ Date_____

How were you referred to our practice?_____

Did your physician request that you have a consultation with a dermatologist regarding a specific condition?

☐ yes ☐ no If yes, for what specific condition?_____

What is the purpose for your visit today?_____

PAST HISTORY: Do you have a history of any of the following conditions? (*check if yes)*

☐ HIGH BLOOD PRESSURE	☐ DIABETES	☐ HEPATITIS	☐ HAY FEVER
☐ HEART DISEASE	☐ LUNG DISEASE	☐ LIVER PROBLEMS	☐ THYROID DISEASE
☐ PACEMAKER	☐ ARTIFICIAL JOINTS	☐ ASTHMA	☐ CANCER
☐ ARTIFICIAL VALVES	☐ STOMACH (ULCERS,ETC.)	☐ ECZEMA	☐ HIV

☐ OTHER_____

Are you allergic to any medications?_____

Please list any medications you currently use (including over the counter):

_____ _____ _____

_____ _____ _____

_____ _____ _____

Please list any surgical procedures or hospitalizations with dates:_____

_____

FAMILY HISTORY: Does any member of your family have a history of skin cancer or severe skin disease?

☐ yes ☐ no *Please describe:* _____

SOCIAL HISTORY: What is your occupation? _____

Relationship status: ☐ Single ☐ Married ☐ Significant Other

Do you smoke?	☐ yes	☐ no
Do you tan often?	☐ yes	☐ no
Do you wear sunblock daily?	☐ yes	☐ no

SYSTEMS REVIEW: Have you recently experienced any of the following? (*check if yes)*

☐ fever, weight loss	☐ muscle pain/weakness	☐ chest pains, palpitations	☐ pregnancy
☐ difficulty breathing	☐ joint pain/weakness	☐ urination difficulty/pain	☐ diarrhea
☐ vision problems	☐ neurological problems	☐ psychiatric problems	☐ infection
☐ abdominal pain	☐ other:_____		

*Please describe:*_____

An annual full body skin examination to detect melanoma and other skin cancer is recommended. There is no additional charge for this exam over the initial office visit charge. The exam is performed with a gown and undergarments on. Please indicate if you want this exam performed. ☐ yes ☐ no