PVDAS MEDICAL, SURGERY, FAMILY, SOCIAL HISTORY FORM

Name_____ **SS #** _____**Date** ___/___/_____

Reason For Today's Visit _____

List your Primary Care Physician None _____ **Referring Dr.** _____

ALLERGIES (Please list or check if applicable)
Drug Allergies Y N **List** _____

Are you allergic to lidocaine or local anesthetics? Y N
Neosporin? Tape? Y N **Bacitracin?** Y N
Adhesive? Y N **Polysporin?** Y N **Suture?** Y N

BLOOD THINNERS
Do you take? Aspirin Yes No **Advil** Yes No
Vitamin E Yes No **Coumadin** Yes No
Ginseng Yes No **Garlic** Yes No

MEDICATIONS (LIST)

1._____
2._____
3._____
4._____
5._____
6._____
7._____
8._____
9._____
10._____
11._____
12._____
13._____
14._____
15._____
16._____

MEDICAL PROBLEMS (Check if applicable)

LUNGS **No Problems** Bronchitis Asthma Cough Wheezing Shortness of Breath Emphysema

CARDIOVASCULAR **No Problems** Hypertension Heart Attack Murmur Irregular Heart Beat Blood Clots Pacemaker Leg Swelling

GASTROINTESTINAL **No Problems** Reflux Bleeding Stools Ulcers Nausea Vomiting

ENDOCRINE/ID **No Problems** Thyroid Disorder Diabetes Growth Hormone Abnormality Pituitary Disorder Adrenal HIV Hepatitis A B C

ENT **No Problems** Ear Infections Nasal Polyps Tumors Oral Ulcerations Sinus Problems

ONCOLOGY **No Problems** History of Cancer
Type_____

OPTHAMOLOGY **No Problems** Cataracts Glaucoma Lasik Surgery Dry Eyes Eye Allergies

RHUEMATOLOGY **No Problems** Lupus Arthritis Scleroderma Limited Motion

NEUROLOGIC **No Problems** Seizures Numbness Nerve Palsy Fainting Stroke

SKIN **No Problems**
Have you ever been seen by a dermatologist? Y N
Have you ever had a complete skin check? Y N
Last seen by a dermatologist _____/_____/_____
Do you have a history of skin cancer? Y N
If yes, Melanoma **(V10.82)** Basal Cell Cancer Squamous Cell Cancer Other _____**(V10.83)**
Do you heal poorly ie keloids? Y N
Do you bruise easily? Y N sunburn easy? Y N
Do you require antibiotics before surgery? Y N
Do you have a history of cold sores? Y N
Do you suffer form eczema or psoriasis? Y N
Do you develop rashes from certain foods? Y N
Do you develop rashes from the sun? Y N

PLASTIC SURGERY **Not Applicable**
Have you had plastic surgery before? Y N
Type _____
Are you interested in our cosmetic procedures? Y N
Would you like information? Y N

FEMALE PATIENTS ONLY Last Menstrual Cycle ____/_____/_____ Do you think /know you are pregnant? Y N
Have you had a hysterectomy? Y N Are you taking any hormonal therapies? Y N Post Menopausal? Y N

SURGICAL HISTORY List Surgeries None See Below

1._____ 2._____

3._____ 4._____

5._____ 6._____

Have you had general anesthesia before? Y N Complications? Y N List _____
Have you ever had a blood transfusion before? Y N if yes when ___/____/_____
Have you ever had Mohs or Skin Surgery? Y N Complications? Y N List _____

FAMILY HISTORY (Check off list)

Do you have a family history of Skin Cancer? Y N **(V16.59)**
Who _____
Type Melanoma Basal Cell Cancer
Squamous Cell Cancer
History of Bleeding Y N
History of Keloid Formation Y N
History of Eczema Y N History of Psoriasis Y N
Genetic Disorders Y N
Females (Family History of Breast Cancer) Y N
Other_____

SOCIAL HISTORY (Check off list)

Do you smoke? Y N _____ packs/day
Do you drink? Y N _____ packs/day
Type beer liquor wine

OPTIONAL Single Married Divorced Widow

Occupation _____

Hobbies_____

How much time spent outdoors per week in hrs?_____

I, the undersigned, agree that the information provided above is accurate and true to the best of my ability. I further agree to hold PVDAS harmless for any adverse outcome that occurs as a result of information which I have knowingly withheld from this form. I understand that medicine is not an exact science and that no guarantees as to medical or cosmetic results have been given to me. I also agree to have pictures taken of my skin lesions and before and after procedures for educational and documentation purposes. I further understand that the staff of PVDAS recommends that I have a total body skin examination performed annually in order to detect abnormal growths. **I □ agree □ do not agree to a total body skin examination**

_____ _____ ___/___/_____
PATIENT OR GUARDIAN **PVDAS REPRESENTATIVE** **DATE**