

Name _____

Patient Health History Questionnaire
DOB _____

Please fill out the following Dermatology Questionnaire so that we can serve you better. Thank You.

Home/ Cell Phone _____ Work Phone _____ Soc Sec # _____

Who referred you here? (Name & Address) _____

 Who is your primary care doctor (PCP)?
(Name & Address) _____

 Marital Status: (Circle One) Married/Single /Divorced /Widow /Other *Email Address* _____

Preferred Pharmacy Name: _____ Location: _____

For Children: Name of Parents: _____ Occupation: _____
 Appropriate Growth Development? Yes / No

Check the Box to the Right if you have any of the following:

Asthma		Heart Valve problems or Rheumatic Fever		Problems with dental anesthesia	
Bleed Easily		Infectious Disease (HIV, Tb) List:		Psychiatric care	
Blood Clots or DVTs		Irregular Menstrual Periods		Recent Chest Pain <i>when:</i>	
Diabetes		Liver Disease or Hepatitis <i>type:</i>		Skin Cancers <i>type:</i>	
Defibrillator / Pacemaker (<i>circle one</i>)		Multiple Sclerosis		Taken antibiotics before dental procedures	
Family History of skin cancer		Other skin problems <i>type:</i>		Unexplained weight loss	
Heart Disease				Vaccinations NOT up to date	
Herpes Labialis or Cold Sores (<i>circle one</i>)		Pregnant			

Personal or Family History of major medical issues? _____

Does the patient or anyone in the household smoke? Yes / No (Packs per day: _____)

Does the patient or anyone in the household drink alcohol? Never, Occasionally, Frequently

Does the patient use any illicit or street drugs? Never, Occasionally, Frequently

What is the purpose of your visit today? _____

Circle if you have any: Artificial Heart Valves / Artificial Joints / Prostheses / Organ Transplants / Aneurysms

Circle if you are taking: Aspirin / Plavix / Ibuprofen / Heparin / Lovenox / Coumadin (**last INR:** _____ **Date :** _____)

Any allergies to medications or latex: _____

List All Medications and Vitamins/Herbals:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any special requests or requirements for us?