**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HISTORY AND INTAKE FORM**

**Past Medical History: (please check all that apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ Anxiety | □ Breast Cancer | □ End Stage Renal  Disease | □ High Cholesterol  | □ Radiation Treatment  |
| □ Arthritis | □ Colon cancer | □ GERD | □ Thyroid  Hyper or Hypo  | □ Seizures |
| □ Asthma | □ COPD | □ Hearing Loss | □ Leukemia | □ Stroke |
| □ Atrial fibrillation | □ Coronary Artery  Disease | □ Hepatitis | □ Lung Cancer |  |
| □ Bone Marrow  Transplant  | □ Depression | □ High Blood  Pressure  | □ Lymphoma | □ None |
| □ Benign Prostatic  Hypertrophy | □ Diabetes | □ HIV/AIDS | □ Prostate cancer | □ Other |

**Past Medical History (please check all that apply)**

|  |  |  |
| --- | --- | --- |
| □ Appendix Removed  |  □ Joint replacement: Knee  Right, Left, Bilateral | □ Prostate: Biopsy  |
| □ Bladder Removed  | □ Joint replacement: Hip  Right, Left, Bilateral | □ Prostate: TURP  |
| □ Mastectomy: Right, Left, Bilateral  | □ Kidney biopsy | □ Rectum: Low Anterior Resection |
| □ Lumpectomy: Right, Left, Bilateral  | □ Kidney Removed (Nephrectomy) | □ Skin: Skin Biopsy |
| □ Breast Biopsy Right, Left, Bilateral  | □ Kidney Stone Removal | □ Skin: Basal Cell Carcinoma |
| □ Colectomy: Colon Cancer Resection  | □ Kidney Transplant | □ Skin: Squamous Cell Carcinoma |
| □ Colectomy: Diverticulitis | □ Liver Shunt  | □ Skin: Melanoma |
| □ Colectomy: IBD | □ Liver Transplant  | □ Spleen Removed |
| □ Gallbladder Removed | □ Liver: Hepatectomy  | □ Testicles Removed  Right, Left, Bilateral |
| □ Coronary Artery Bypass  | □ Ovaries Removed:  Endometriosis  | □ Hysterectomy: Fibroids |
| □ Cardiac Stent  | □ Ovaries Removed: Cyst | □ Hysterectomy: Uterine Cancer |
| □ Mechanical Valve Replacement | □ Ovaries Removed:  Ovarian Cancer | □ Hysterectomy: Cervical  Cancer |
| □ Biologic Valve Replacement  | □ Ovaries: Tubal Ligation  | □ None |
| □ Heart Transplant  | □ Pancreas: Pancreatectomy | □ Other: |

**Skin Disease History: (please check all that apply**)

|  |  |  |  |
| --- | --- | --- | --- |
| □ Acne | □ Blistering Sunburn | □ Hay Fever/Allergies | □ Psoriasis |
| □ Actinic Keratosis | □ Dry Skin | □ Melanoma | □ Squamous Cell Skin Cancer |
| □ Asthma | □ Eczema | □ Poison Ivy | □ None |
| □ Basal Cell Skin Cancer | □ Flaking or Itchy Scalp  | □ Precancerous Moles | □ Other: |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you wear sunscreen? |  Yes No |  |  |
| If yes what SPF? |  |  |  |
| Do you tan in a Tanning Salon? |  Yes No |  |  |

|  |  |
| --- | --- |
| Do You have a family history of Melanoma? | Yes NO |
| If Yes, which relative? |  |

**Medications: (Please enter all current medications)**

|  |  |  |  |
| --- | --- | --- | --- |
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**Allergies: (Please enter all allergies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social History: (Please circle all that apply)**

**Cigarette Smoking: Alcohol Use:**

|  |  |
| --- | --- |
| Currently Smokes: Start Date | EtOH- None |
| Never smoked | EtOH- Less than 1 drink per day |
| Former Smoker | EtOH- 1-2 drinks per day |
| Total Years Smoked | EtOH- 3 or more drinks per day |

**Drug use:**

|  |
| --- |
| Drug use: Yes No |
| IV Drug Use: Yes No |
| Other: |
|  |

Occupation and Workplace

|  |
| --- |
|  |

Preferred Pharmacy Name Phone # City or Zip Code

|  |
| --- |
|  |

**Alerts (please check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| □ Allergy to Lidocaine | □ Artificial heart valve | □ Pacemaker | □ Immunosuppression |
| □ Allergy to Adhesive | □ Artificial joint replacement within past  two years | □ Rapid heartbeat with  epinephrine  | □ Anxiety |
| □ Allergy to topical  antibiotics  | □ Blood thinners | □ Are you pregnant or  trying to get pregnant? | □ West Africa: Travel  or contact  |
| □ Problems with healing | □ Defibrillator | □ Problems with bleeding |  |
| □ Problems with scarring Hypertrophic or Keloid  | □ MRSA | □ Hepatitis |  |

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_