

MEDICAL HISTORY

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Name: _____ Date: _____

Problem for which you are seeing the doctor: _____

How long ago did it begin? _____ On what part of the body? _____

List all products or medications (prescription or non-prescription) you have used for this problem:

Have you ever been diagnosed with skin cancer? YES NO If so, which kind? _____

Please list any other skin problems: _____

Please list any medicine you have taken in the last 4 months, but aren't presently taking: _____

Do you have a history of excessive sun exposure or severe sunburns at a young age? YES NO

Circle the phrase that most accurately describes your skin:

Burns easily, never tans

Burns easily, sometimes tans

Burns sometimes, usually tans

Burns rarely, always tans

Never burns, always tans

Please list all medications you are currently taking for any problem: _____

Are you allergic to any medications? YES NO If yes, please list: _____

Do you take aspirin, blood thinners, ibuprofen (Motrin) or NSAIDs (Aleve, Celebrex)? YES NO

Circle any of the items below that pertain to you:

Allergies or asthma

allergy shots

reaction to Novocain

ulcer

Psoriasis

bleeding tendency

scar easily

pacemaker

Heart disease

currently pregnant

diabetes

high blood pressure

Eczema

relative with eczema

tuberculosis

arthritis

cold sores/fever blisters

Please explain any circled item, including date, duration & current status of the problem: _____

Please list all surgeries: _____