

PATIENT HISTORY FORM

Name: _____ Date Of Birth: _____ Ht _____ Wt _____

Primary Care Physician: _____ Did they refer you to this office? Yes No

Month and year of last PCP visit: _____

Race: Caucasian African American Asian Other _____

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Preferred Language: English Spanish Other _____

Current Medical Problem You Are Here For Today: _____

Personal Past Medical History: (Please circle all that apply)

Anxiety/Depression	GERD	Hypothyroidism
Arthritis, Rheumatoid or Psoriatic	Hearing Loss	Kidney Disease
Artificial Joints	Heart Failure	Leukemia
Asthma/COPD	Heart Valve Replacement	Malignancy(type)_____
Benign Prostatic Hyperplasia	Hepatitis/Liver Disease	Pacemaker
Coronary Artery Disease	High Blood Pressure	Radiation Treatments
Diabetes	High Cholesterol	Stroke
Epilepsy/ Seizures	HIV	Transplant/Bone Marrow
Other: _____	NONE OF THE ABOVE	

Past Surgical History and Hospitalizations: (List all) _____

Skin History: (Please circle all that apply)

Acne	Eczema/Asteatosis	Precancerous moles
Actinic Keratosis	Flaking or Itching Scalp	Psoriasis
Basal Cell Skin Cancer	Hay Fever/Seasonal Allergies	Squamous Cell Skin Cancer
Bleeding/Bruising	Keloid Scars	Sunburn(blistering)
Dry Skin	Melanoma Skin Cancer	NONE OF THE ABOVE
Other: _____		

(Please list the location of all skin cancers you may have had.) _____

Do you wear sunscreen? Yes No If yes, SPF? _____ Do you use indoor tanning? Yes No Never

Medications: (Please enter all current medications including vitamins or supplements) **No Medications**

Do you have allergies to medications? Yes No **No Allergies**

If yes, please list and give type of reaction: _____

Number of alcoholic drinks per day. (circle one)

None Less than 1 per day 1-2 per day 4-5 or more per day

Do you smoke? (circle one) Yes No Current (Packs per day) _____ Former Never

Have you had a COVID-19 vaccination? Yes No Declined Vaccination date _____

Preferred Pharmacy: _____

I consent to give Dermatology Clinic of Iowa PC permission to obtain medication information from my pharmacy.

Yes No

All prescriptions will be sent electronically. Check with your pharmacy.

