Skin & Allergy Center: New patient form

Name: _____ Chart #: _____

Past Medical History: (Circle all that apply)

Anxiety	Coronary Artery Disease	Hyperthyroidism
Arthritis	Depression	Hypothyroidism
Artificial Joints	Diabetes	Leukemia
Asthma	End Stage Renal Disease	Lung Cancer
Atrial Fibrillation	GERD (reflux disease)	Lymphoma
Benign Prostate Hypertrophy	Hearing Loss	Prostate Cancer
Bone Marrow Transplant	Hepatitis	Radiation Treatments
Breast Cancer	HIV/AIDS	Seizures
Colon Cancer	High Blood Pressure	None
COPD	High Cholesterol	

Other: _____

Past Surgical History: (Circle all that apply)

Appendix Removed	Kidney Biopsy
Bladder Removed	Kidney Removed (Right, Left)
Mastectomy (Right, Left, Bilateral)	Kidney Stone Removal
Lumpectomy (Right, Left, Bilateral)	Kidney Transplant
Breast Biopsy (Right, Left, Bilateral)	Ovaries Removed: Endometriosis
Breast Reduction	Ovaries Removed: Cyst
Breast Implants	Ovaries Removed: Ovarian Cancer
Colectomy: Colon Cancer Resection	Prostate Removed: Prostate Cancer
Colectomy: Diverticulitis	Prostate Biopsy
Colectomy: IBD	Transurethral resection of the Prostate
Gallbladder Removed	Skin Biopsy
Coronary Artery Bypass	Basal Cell Cancer Surgery
Angioplasty (PTCA)	Squamous Cell Cancer Surgery
Mechanical Valve Replacement	Melanoma Surgery
Biological Valve Replacement	Spleen Removed
Heart Transplant	Testicles Removed (Right, Left, Bilateral)
Joint Replacement, Knee (Right, Left, Bilateral)	Hysterectomy: Fibroids
Joint Replacement, Hip (Right, Left, Bilateral)	Hysterectomy: Uterine Cancer
Joint Replacement within last 2 years	None

Other: _____

Skin Disease History: (Circle all that apply)

Acne	Eczema	Precancerous Moles
Actinic Keratosis	Flaking or itchy scalp	Psoriasis
Basal Cell Skin Cancer	Hay Fever / Allergies	Squamous Cell Skin Cancer
Blistering Sunburns	Melanoma	None
Dry Skin	Poison Ivy	

Other: _____

1229 Reserve Blvd, Ste 200	Spring Hill, TN 37174	phone 615-302-5000	fax 615-302-5006
100 Blythewood Dr, Ste A	Columbia, TN 38401	phone 931-381-1920	fax 931-381-4294
1970 Medical Center Pkwy, Ste K	Murfreesboro, TN 37129	phone 615-624-5050	fax 615-624-5056

Do you wear sunscreen? Yes No If Yes, What is SPF? _____
Do you tan in the tanning salon? Yes No
Do you have a family history of Melanoma: Yes No If Yes, Who? _____

Medications: (please list all of your medications)

_____

_____

_____

Medication Allergies: (please list all medication allergies)

_____

_____

_____

Social History: (please circle all that apply)

Alcohol Use Yes No If yes how often? _____

Currently Smokes Yes No If yes how many daily? _____

Has smoked in the past? Yes No Drug Use Yes No

Do you exercise? Yes No If yes, how often? _____

Caffeine intake Yes No If yes, how much? _____

Occupation _____

Are you currently experiencing any of the following?

	Yes	No
Problems with bleeding		
Problems with healing		
Problems with scarring		
Rash		
Allergy to adhesive		
Allergy to lidocaine		
Allergy to topical antibiotic ointments		
Artificial heart valve		
Artificial joints within the past two years		
Blood thinners		
Defibrillator		
MRSA		
Pacemaker		
Premedication to procedures		
Rapid heartbeat with epinephrine		
Pregnancy or planning a pregnancy		