ADA ADVANCED DERMATOLOGY ASSOCIATES LTD

# New Patient History

**Please Print Clearly** **Date:**__________________

Name_______________________________________ ☐ Female ☐ Male

Age_______ Date of Birth___/____/____ Occupation_________________________________________

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widow/Widower

Please state nature, location and duration of skin problem ___________________________________________

_____________________________________________________________________________________________

Previous treatments? _________________________________________________________________________

Are you allergic to any medications? ☐ No ☐ Yes, specify_________________________________________

List present medications, when started and stopped (including non-prescription and birth control pills):

1.________________________________________ 5.________________________________________

2.________________________________________ 6.________________________________________

3.________________________________________ 7.________________________________________

4.________________________________________ 8.________________________________________

## YOUR PERSONAL MEDICAL/SURGICAL HISTORY

☐ Skin cancer/melanoma
☐ High blood pressure
☐ Heart attack
☐ Heart problem (angina)
☐ Pacemaker/Defibrillator
☐ Diabetes
☐ Cancer/type __________
☐ Kidney disease
☐ Stroke/TIA/epilepsy
☐ Artificial joints
☐ Stomach Disorders
☐ Hepatitis/Type________
☐ Positive HIV test
☐ Blood transfusion
☐ Thyroid disorders

Any other serious illness? Specify ______________________________________________________________

List any surgeries and hospitalizations (with approximate dates):

1.________________________________________ 5.________________________________________

2.________________________________________ 6.________________________________________

3.________________________________________ 7.________________________________________

## IMMEDIATE FAMILY HISTORY

(Mother, father, brother, sisters, children, grandparents)

☐ Skin cancer
☐ Melanoma
☐ High blood pressure
☐ Asthma
☐ Neurofibromatosis
☐ Lupus
☐ Keloids
☐ Cystic acne
☐ Eczema
☐ Psoriasis
☐ Diabetes
☐ Tuberculosis
☐ Heart disease
☐ Allergies
☐ Other __________