

HEALTH HISTORY QUESTIONNAIRE

Patient Name _____ DOB _____ Date _____

Who is your primary care physician? _____

Preferred Pharmacy Name and Location _____

How did you hear about our practice? _____

If you were referred to us, by whom? _____

What is your favorite music? _____

Height _____ Weight _____

May we leave a detailed message on your voicemail? **Y N**

Medical History (HIV/AIDS, Hepatitis B/C, Diabetes, Epilepsy, Stroke)

Surgical History

Skin Disease History (Acne, Precancers, Atypical Moles, Cold Sores)

Do you wear sunscreen? **Y N** If **YES**, what SPF? _____

Do you currently tan in a tanning bed? **Y N**

Have you ever had skin cancer? **Y N** If **YES**, which type: Basal Cell / Squamous Cell / Melanoma / Other: _____

What year were you diagnosed? _____ How was it treated? _____

Do you have a family history of melanoma? **Y N** If **YES**, which family member? _____

Medications (If this space is too small, please give us a list of your medications with the following information)

Name of Medication	Dose	Frequency	Route (i.e. by mouth, injection, etc.)

Allergies (If this space is too small, please give us a list of all allergies and reactions)

Allergy (include drug allergies)	Reaction

PLEASE FILL OUT BOTH SIDES →

Please answer the following questions about your health habits:

Have you ever been a tobacco user? **Y N**

If YES, when did you start using tobacco? Approx. date: _____

If you have quit using tobacco, when did you quit? Approx. date: _____

Number of packs per day _____

Total years using tobacco _____

For those 64 and older:

Do you have a health care proxy in the event you are unable to make your own medical decisions? **Y N**

Do you have a living will? **Y N**

Review of Systems: Have you experienced any of the following within the last ten days? (Please mark yes or no)

Yes No

- Rash
- Chest Pain
- Fever or Chills
- Unintentional Weight Loss (within the last 6 months)
- Sore Throat
- Blurry Vision
- Joint Aches
- Headaches
- Cough
- Depression
- Currently pregnant or breastfeeding