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MEDICAL HISTORY

Patient Name: _____ Date of Birth : _____

Have you ever had skin cancer? Y / N

If yes, was it basal cell, squamous cell, or melanoma? _____

Where was it located, how and when was it treated? _____

Do you have a family history of basal cell, squamous cell, or melanoma? _____

Do you have dry skin, eczema, or psoriasis? _____

Does a family member have dry skin, eczema, or psoriasis? _____

Do you smoke? How many packs a day? _____

Do you exercise? _____ Do you wear sunscreen regularly? _____

Are you interested in cosmetic procedures? _____

Do you have any body piercing or tattoos? _____

Do you have a history of drug use or alcohol abuse? _____

Are you married? _____ What is your occupation? _____

Do you have any chronic medical or skin conditions (please list)? _____

Please list all current medications (including creams) _____

Please list all drug or food allergies _____
