

Beth Honl, MD, Dermatology Associates, P.C.  
Patient Health History Form

Patient Name: \_\_\_\_\_ Referring Physician \_\_\_\_\_

**What are you being seen for today?**

- 1- \_\_\_\_\_
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_

- 1- Have you ever had a skin cancer? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, where was it located?  
\_\_\_\_\_ Date/year it was treated \_\_\_\_\_  
What was the name of the provider that treated your skin cancer? \_\_\_\_\_
- 2- Has any immediate relatives had skin cancer? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, what type of skin cancer was it?  
\_\_\_\_\_
- 3- Do you have any artificial joints, pacemaker or heart valves? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, where?  
\_\_\_\_\_
- 4- Do you require antibiotics prior to any dental procedures? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5- Have you ever had a reaction to local anesthesia or Novocain? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6- Do you use tobacco? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, how many packs per day? \_\_\_\_\_
- 7- Do you use alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8- Do you have a heart murmur? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9- Are you currently on any blood thinners? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10- Do you have any history of bleeding or clotting disorder? Yes \_\_\_\_\_ No \_\_\_\_\_
- 11- Have you ever had a positive TB (tuberculosis) test? Yes \_\_\_\_\_ No \_\_\_\_\_
- 12- History of kidney or liver disease? Yes \_\_\_\_\_ No \_\_\_\_\_
- 13- (Women) Are you or could you be pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_
- 14- Do you or any of your 1<sup>st</sup> degree family members have seasonal allergies, asthma or atopic dermatitis?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_

**Medications you are currently taking (please include over the counter medications & supplements):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any medication allergies, latex allergies or adhesive allergies?**

\_\_\_\_\_

**(Office use only)**

**Present illness/concern**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Medical history/surgical history:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Hx:**

\_\_\_\_\_

**Samples given:**

\_\_\_\_\_

**RX:**

\_\_\_\_\_