

LAS COLINAS DERMATOLOGY, P.A.

Name: _____ Age: _____ Date: _____
Referred by: Dr. (Name): _____ Family Member (Name): _____
Friend(Name): _____ Yellow Pages: _____ Radio: _____ TV: _____
Other (Please Specify): _____

Medical History:

In your own words, please state the reason for your visit: _____

How long have you had this problem? _____

Symptoms (how does it bother you?): _____

Please list all medications you are currently taking (including over-the counter medications, herbs, vitamins and any other supplements): _____

Please list all drug allergies and the type of reaction you experienced (for example rash, hives, throat swelling, nausea) list reaction to each one: _____

Please list any environmental allergies: _____

Review of Systems:

Have you seen a doctor for other skin problems? ___ Which problems? _____

Have you had any skin, mucous membrane, hair, or nail symptoms not listed above? _____

Women: are you pregnant or do you plan to become pregnant soon? _____

Have you had any of the following?

	Yes	No		Yes	No
1) Pacemaker	___	___	10) Thyroid disease	___	___
2) Heart disease	___	___	11) Anemia	___	___
3) Mitral valve prolapse	___	___	12) Eye disease	___	___
4) Immune deficiency	___	___	13) Tuberculosis	___	___
5) Lung disease	___	___	14) Cancer	___	___
6) Liver disease	___	___	15) High blood pressure	___	___
7) x-ray therapy to skin	___	___	16) Gastrointestinal	___	___
8) Diabetes	___	___	Disease	___	___
9) Epilepsy/Seizures	___	___	17) Blood Clots	___	___
			18) Kidney Disease	___	___

Comments on the above: _____

Past Medical History:

Please list all past major illnesses and operations: _____

Is there a family history of (please circle): melanoma, skin cancer, asthma, hay fever, eczema, psoriasis, hair loss, diabetes, adult acne, genetic diseases? Other: _____

Occupation: _____ Do you use any controlled substances? _____
Do you smoke? _____ Drink alcohol? _____ How Often? _____

When you are exposed to sunlight, do you:

1. ___ always burn 3. ___ often burn, tan slowly 5. ___ rarely burn, always tan
2. ___ usually burn, rarely tan 4. ___ sometimes burn, tan well 6. ___ never burn, deeply tan
